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ABSTRACT

While a vast majority of children in Nebraska are experiencing a safe, healthy, and nurturing childhood, a significant number are not, and some of these numbers are growing. This Kids Count report is the third annual comprehensive review of available data in nine areas of child health and well-being in the state. Presented with these statistics are the stories, words, and faces of some of the state's children. New to the 1995 report are policy boxes, which identify significant legislative or administrative policy which may affect the delivery of service or status of children; impact boxes intended to tell the "so what" of the numbers; and an inventory of available data to help planners, policy makers, and interested citizens see what questions can be answered and what questions can't. After an introductory section on fathers and families, data is presented on the nine indicators of child well-being: early care and education, child abuse and neglect, out of home care, education, economic well-being, health, housing, juvenile justice, and behavioral and mental health. Data indicates progress in the areas of early care and education, nutrition, and health care; stagnation in the areas of low birth weight babies, prenatal care, and teen birth rates; and lost ground in the areas of child poverty and juvenile arrests. The report concludes with information on references, county data, methodology, and data sources. Contains 31 references. (EV)

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KIDS COUNT

In Nebraska

PS 024927

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1995 REPORT

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kids count in Nebraska

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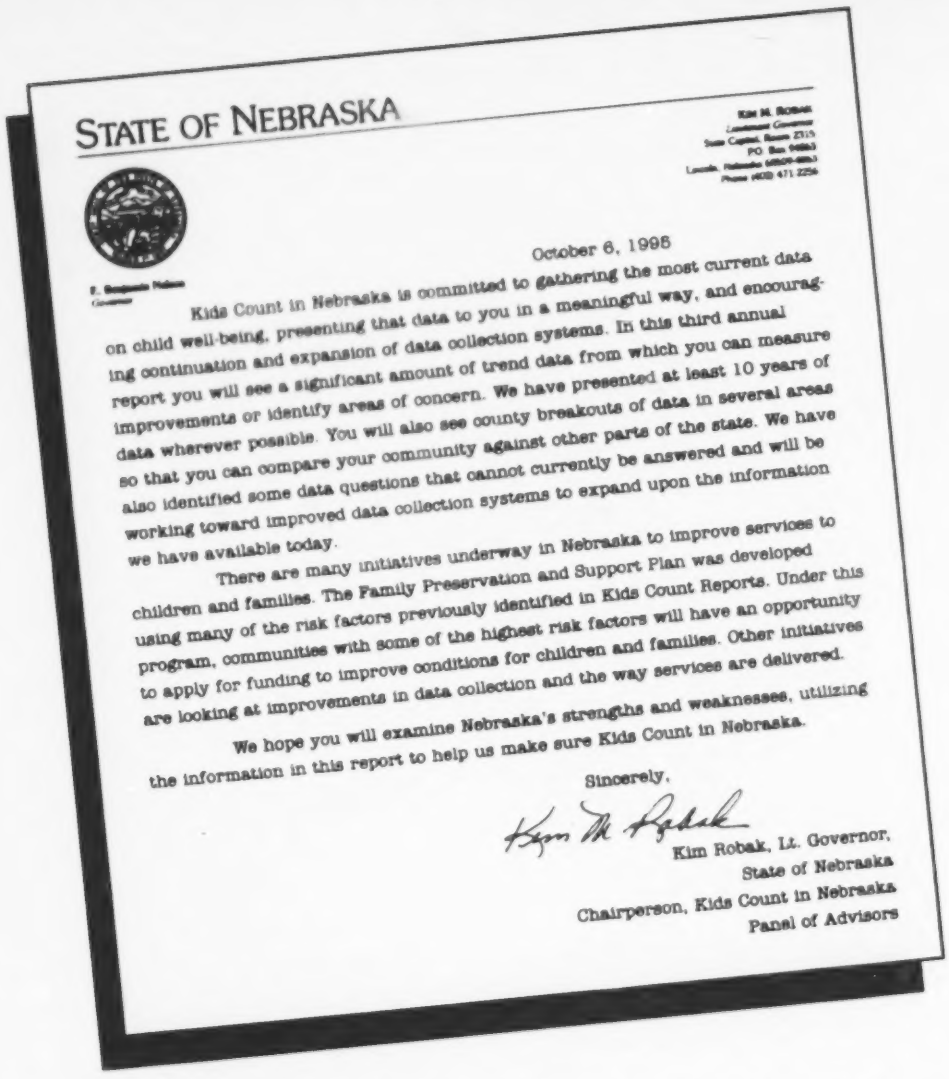

STATE OF NEBRASKA

Kim M. Robak
Lieutenant Governor
State Capitol, Room 2315
P.O. Box 94863
Lincoln, Nebraska 68509-4863
Phone (402) 471-2256

E. Benjamin Nelson
Governor

October 6, 1995

Kids Count in Nebraska is committed to gathering the most current data on child well-being, presenting that data to you in a meaningful way, and encouraging continuation and expansion of data collection systems. In this third annual report you will see a significant amount of trend data from which you can measure improvements or identify areas of concern. We have presented at least 10 years of data wherever possible. You will also see county breakouts of data in several areas so that you can compare your community against other parts of the state. We have also identified some data questions that cannot currently be answered and will be working toward improved data collection systems to expand upon the information we have available today.

There are many initiatives underway in Nebraska to improve services to children and families. The Family Preservation and Support Plan was developed using many of the risk factors previously identified in Kids Count Reports. Under this program, communities with some of the highest risk factors will have an opportunity to apply for funding to improve conditions for children and families. Other initiatives are looking at improvements in data collection and the way services are delivered.

We hope you will examine Nebraska's strengths and weaknesses, utilizing the information in this report to help us make sure Kids Count in Nebraska.

Sincerely,

Kim M. Robak

Kim Robak, Lt. Governor,
State of Nebraska
Chairperson, Kids Count in Nebraska
Panel of Advisors

Kids Count is a national and state-by-state effort sponsored by The Annie E. Casey Foundation to track the status of children in the United States utilizing the best available data. Key indicators measure the education, social, economic and physical well-being of children.

Kids Count in Nebraska is a children's data and policy project of Voices for Children in Nebraska in partnership with the University of Nebraska Medical Center, Section on Health Services Research and Rural Health Policy. ***Kids Count in Nebraska***, sponsored by The Annie E. Casey Foundation, began in 1993. This is the project's third report.

*Additional copies of the **1995 Kids Count in Nebraska** report as well as 1993 and 1994 reports, are available for $10.00 from:*

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Randy shares his love of kiting with his daughters, Amy, 8, and Jessica, 10.

Overview . . .

Our Vision . . . all Nebraska children have the opportunity to grow up to be their best.

This is the third annual comprehensive look at how Nebraska's children and families are doing. The report reviews available data in 9 areas of children's health and well-being. Presented with these statistics are the stories, words and faces of some of our state's children. Together they paint a portrait of Nebraska's children.

Who are Nebraska's Children?

The percent of Nebraska's population represented by children has remained steady since 1989. Analysis of the Current Population Survey for the years 1992 to 1994 shows that Nebraska children age 19 and under continue to comprise an estimated one third of the Nebraska population. The 1990 U.S. Census counted approximately 9.0% of all children age 19 and under who were classified as "non-white" which includes Blacks, American Indians, Asians and Pacific Islanders. If the trends of the 1980s have continued, we would expect the percent of non-white children to have increased since 1990. The percent of children with Hispanic heritage of any race was 3.4% in 1990.

With respect to family structure, the percent of children age 17 and under who lived within two-parent households has declined since 1980, from 87% in that year's census to 83% in 1990.

How are Nebraska's children doing?

The vast majority of children living in Nebraska are experiencing a safe, healthy and nurturing childhood. They have good opportunities to grow physically, intellectually, emotionally and socially. However, there are significant numbers of children living in situations that are not safe, healthy or nurturing, and some of these numbers are growing.

Nebraska has made continuing progress in the following areas: **early care and education, nutrition and health care.** More of the children eligible to participate in Head Start and WIC are receiving those services. In addition, Nebraska Medicaid is providing services to more of Nebraska's children living in families with low incomes, primarily due to federal eligibility expansions passed in the 1980s.

Nebraska continues to be ahead of national statistics within numerous health indicators, but has made little progress over the past few years. Nebraska's percent of **low birth weight babies** in 1994 was 6.1%, lower than the national 7.1% in 1992. However, the state's percent has hovered between 5% and approximately 6% since 1988. The Nebraska and national goal for low birth rate by the year 2000 is 5%. The percent of pregnant women receiving **prenatal care** has remained fairly constant between 1989 and 1994, between 82% and 83% for all women. Nationally, only 68.3% of all pregnant women receive adequate prenatal care.[1] The **teen birth rates** for young girls under age 16 remained unchanged, however, the birth rate for girls age 16-17 has increased since 1988 (from 27 to 33 births per 1000 females). Nationally, the 1992 teen birth rate for unmarried girls 15 - 19 is 42.5 per 1000.[2]

While data were not available to calculate Nebraska's **infant mortality rate** for 1994, the rate in 1993 was 9 deaths per 1,000 live births. This is higher than the national average of 8.3 and Nebraska's year 2000 goal of 5 deaths per 1,000 live births.

Nebraska's children have lost ground in the following areas: **child poverty** and **juvenile arrests**. Between the 1980 and 1990 decennial Census reports, more of Nebraska's children were reported to live in families with incomes below the federal poverty line. The child poverty rate increased by 11.6%; the young child poverty rate (children under 5) increased by 29.1%. Since 1984, overall juvenile arrests increased by 68.8%. Arrests for juvenile violent crime increased 190.8%.

What's New in the 1995 Report?

In addition to statistics and stories, the 1995 report includes information on significant policies that may have an impact on Nebraska's children and scholarly research which indicates why we need to pay attention to these statistics.

Policy Boxes identify significant legislative or administrative policy at the local, state or national level which may effect the delivery of service or status of children. This may be a new policy that we think will change the picture in the future or it may be a change that is already underway.

Impact Boxes are intended to tell the "so what" of the numbers. What is the effect of growing up with child abuse, crime or a low income? We hope it will help us see the picture more clearly and better understand possible future effects if current trends continue.

An inventory of available data was begun this year which will help planners, policy makers and interested citizens see what questions can be answered and what questions can't. Work will continue throughout the year to improve upon the inventory and plan for increased measurements of child well-being.

Fathers and Families

Don is a stay at home dad for his kids, Zachary, 5, and Laurel, 3.

Fathers and Families

To grow up safe, healthy and educated, children today need all of the help they can get . . . help from schools and the community . . . but most importantly the help and support of families. Families provide the basic ingredients for healthy development – physically and emotionally. Both mothers and fathers have important roles to play in children's lives. Parents provide economic, emotional, intellectual and cultural support to their children. But increasingly, many children are growing up without the presence of their fathers. In recognition of this trend and the importance of fathers, we've devoted the introduction of this Kids Count report to fathers.

Nationally, since 1950 the number of children living in mother-only families increased from 6% to 24% in 1994.[3] Noting the increasing absence of fathers in some children's lives should not diminish the role mothers play, including those women who are successfully raising children on their own against many odds. It should also be noted that there are times when it is in the child's best interest to live without his or her father. But given these caveats, it is a concern that an increasing number of Nebraska's children are without their father's influence.

Even the economic stress on two parent families effects the role fathers play in the lives of their children. Nebraska leads the nation in the percent of households where the only or both parents are in the labor force. Formal child care arrangements are the solution for many but some are changing their lifestyle in other ways. Split shifts and flexible hours can allow both parents to spend equal time with their children. In other families, fathers are choosing to leave their employment and be the full time parent in the family.

"I don't have time to be on the streets anymore, these kids run me ragged."

– Father who renewed positive relationship with his children through First Step

Eric, 25, participates in FirstStep's Young Father's Program to better care for 17-month-old Chardonnay.

"Your child can say something to you, just one small thing, and suddenly the universe expands."

– Richard Louv, Father Love

Don, an Omaha father of two children ages 5 and 3, describes his situation. "During the early years Zachary and Laurel were in the care of a licensed home child care provider. Zachary was diagnosed with ADHD (Attention Deficit Hyperactive Disorder) and was having difficulty at day care." Don and Karen made the decision to eliminate a third party from caring for their children, and decided that it would be best if Karen remained at her job and that Don stayed at home with the children. He has been at home for over a year now and really enjoys his time with his kids. He sees the benefit to his kids, especially for the special attention that Zachary needs.

In the book Father Love, Richard Louv writes, "In the brief years of my own fatherhood, I have realized that when I am fathering I feel more like a man than at any other time in my life . . . Paradoxically, this is also an era in which fatherlessness - the emotional or physical absence of fathers - may be the most dangerous social reality of our time."[4]

The negative consequences – including economics – are well documented. For example, children in families without fathers are five more times as likely to be poor and ten times more likely to be extremely poor. Other research findings as noted in Father Facts[5] are significant regarding the important role of fathers in the lives of their children:

- Compared to boys from two-parent families, adolescent boys from disrupted families are not only more likely to be incarcerated for delinquent offenses, but to also manifest worse conduct while incarcerated.[6]
- Children who exhibited violent misbehavior in school were 11 times as likely not to live with their fathers.[7]

New attention is being directed toward fathers at both the policy and program levels. In recognition of these changing times the Nebraska Parenting Act was passed in 1994 offering information to divorcing parents to encourage effective parenting from two households rather than one. Pamphlets are now being mailed out by each District Court Administrator's office whenever parents file for divorce describing the effect of divorce on children and providing resource information including the location of mediation centers. At the program level, the Omaha Housing Authority has begun the First Step Young Father's Program with financial assistance from the Nebraska Department of Health, Maternal and Child Health Block Grant. The program goals are to 1) implement an extensive outreach program to reach young fathers, 2) improve parent-child relationships, 3) reduce the abuse or neglect of children, 4) reduce repeated unwanted pregnancies, and 5) strengthen family systems.

Eric, a 25 year old father of three who is in the program says, *"A lot of the problems I am having right now are legal problems and communicating with my ex-wife . . . This program is going to help me communicate with her better, and enables me to understand a lot more where she is coming from as well as letting me voice my feelings to her and not in a threatening way."*

Early Care and Education

Karie, 5, and Chris, 5.

Need for Care

Nebraska leads the nation in the number of households in which both parents, or the only parent, is in the labor force. Over 67% of all Nebraska children under age six lived in households in which both parents, or the only parent, are in the labor force according to the 1990 Census. Parent's child care arrangements vary. While some use flexible work hours to provide care for their children, others use child care in their own or someone else's home, a child care center, or a preschool. Some child care providers are licensed by the Nebraska Department of Social Services. Data are not available for children cared for through informal arrangements.

The annual cost of child care ranges from $3,120 to $5,088 per child, excluding the most expensive rates and depending on the type of provider, according to the recently released Nebraska Child Care Market Survey 1995.

Licensed Providers

In June of 1994, the number of providers across the state continued to increase from 3,182 in 1989 to 5,151, a 62% increase since 1989. The majority of these providers are Family Child Care Homes I(3,933). There were 651 child care centers, 313 preschools, and 254 Family Child Care Homes II in 1994. *See Definitions and Data Sources.*

Child Care Subsidy

The Nebraska Department of Social Services, using federal and state funds, provides child care subsidies (full and partial) to families receiving Aid to Dependent Children and other families with incomes below 110% of the poverty line. In 1994, 22, 654 children were provided a child care subsidy by the Nebraska Department of Social Services. This represents an increase of 5,000 children since 1992. The Census estimates that in 1990

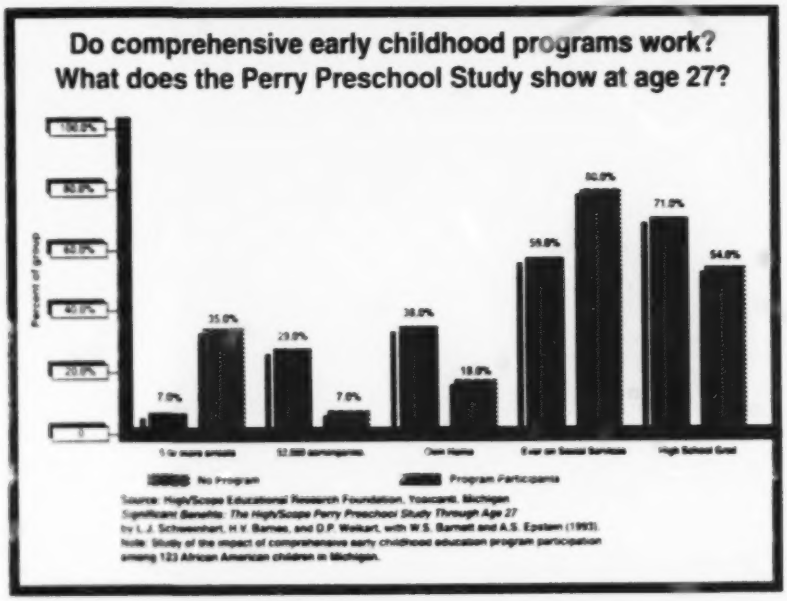
Where do Nebraska children receive subsidized care?
Number of children in care by child care provider type

Child care provider type	November 1992	November 1993	November 1994
In home care	565	699	742
Family Child Care Homes I*	4,422	4,916	5,123
Family Child Care Homes II	505	748	643
Center based care	4,107	4,735	5,195

Source: Nebraska Department of Social Services.
*Includes approved and licensed homes.
Note: See definitions section for detailed descriptions of child care provider types.

Impact

- **Does Head Start work? Research findings note that a child's early experiences and environment can greatly influence a child's development. High quality early child programs, like Head Start, can make a long-term difference in a child's life. For example, the Perry Preschool Study, a 27 year study of 123 African Americans who attended a Head Start-like program in their early years found long-term effects that included: strengthened cognitive abilities, success in school, and improvements in employment, fewer criminal arrests, reduced incidents of teen pregnancy, and reduced need for welfare assistance.[4] (Schweinhart, 1993)**


Do comprehensive early childhood programs work?
What does the Perry Preschool Study show at age 27?
Percent of group
7.0%
35.0%
29.0%
7.0%
38.0%
19.0%
59.0%
80.0%
71.0%
54.0%
No Program
Program Participants
Source: High/Scope Educational Research Foundation, Ypsilanti, Michigan
Significant Benefits: The High/Scope Perry Preschool Study Through Age 27
by L.J. Schweinhart, H.V. Barnes, and D.P. Weikart, with W.S. Barnett and A.S. Epstein (1993).
Note: Study of the impact of comprehensive early childhood education program participation among 123 African American children in Michigan.

Policy

- **The federal government provides dollars to enable Nebraska to offer child care subsidies and improve the quality of child care services through: the Child Care Development Block Grant, 42 U.S.C.S. § 9858; At Risk Child Care, 42 U.S.C.S. §601 et seq., and AFDC and Transitional Care, 42 U.S.C.S. §601 et seq.**

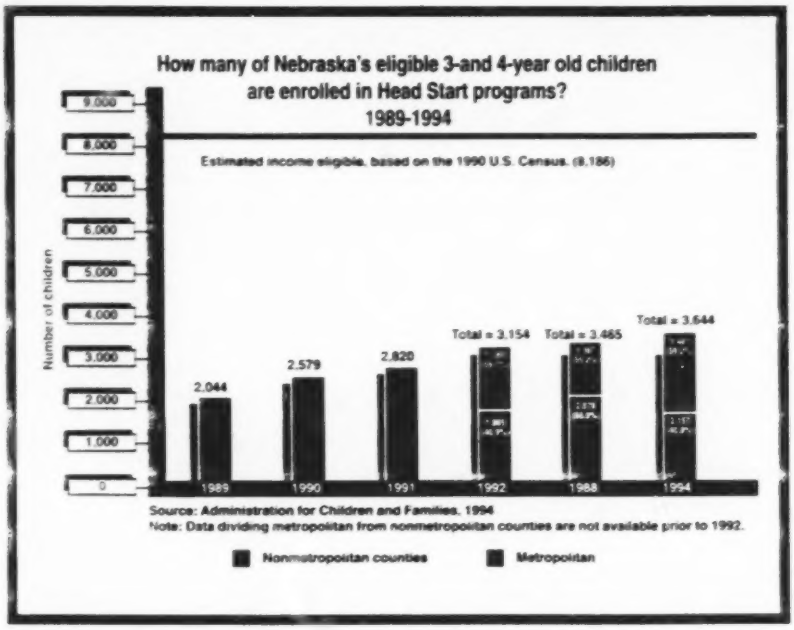
- **Nebraska passed the Quality Child Care Act in 1991 (LB 836), Neb. Rev. Stat. §43-2601 to 43-2625, which provides for the use of federal funds and established mandatory training requirements for child care providers.**

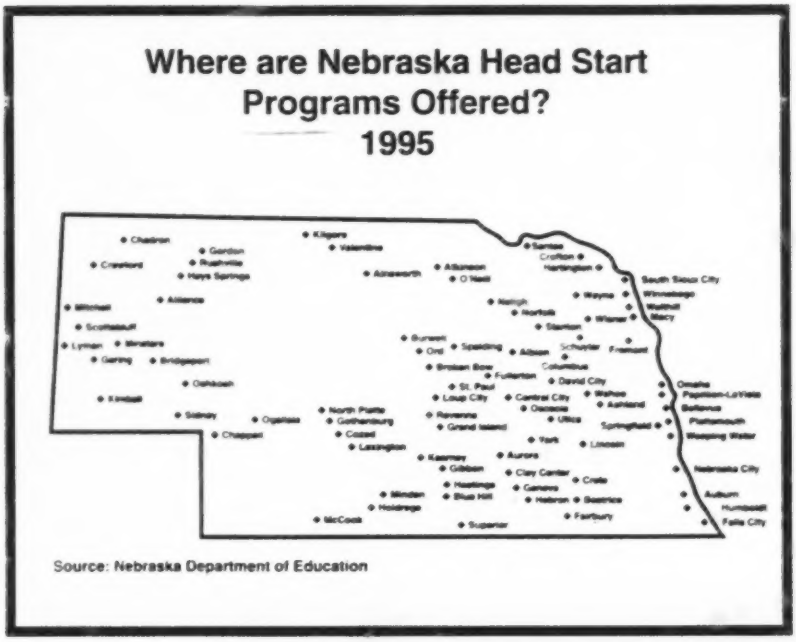
- **Nebraska law gives authority to the Nebraska Department of Social Services to license anyone caring for four or more children from more than one family on a regular basis, for compensation. The purpose is to protect and promote the health and safety of children. Neb. Rev. Stat. §43-2606.**

"A reasonable price for child care would benefit families who are really on the edge."

Shona, a therapist in Imperial, Nebraska

Lap, 5, takes a break during his Head Start class in Hastings.





there were 26,229 related children under six living at or below 110% of poverty. (PUMS) Subsidies are paid directly to providers in most cases; some families receive a voucher. The average subsidy paid to providers in November 1994 was $203.49 per child. In 1994, Nebraska (federal and state dollars) provided a total of $25,481,788 for child care subsidies.

Head Start

Head Start is a comprehensive program for infants and children in families with low income that provides child development, parenting education, and health and nutrition services. Since 1965, the federal government has provided grants directly to local organizations to run Head Start programs in their communities. Head Start is a proven investment; multiple studies have shown that children who participate in Head Start do better in school and eventually in the workplace.

Not all eligible children of low income families in Nebraska participate in Head Start. Estimates from the 1990 Census indicate that 8,186 three-and four-year-old children live in households with incomes below the federal poverty level and would be eligible for Head Start. In 1994, only 3,644 Nebraska children participated in Head Start programs across the state, and waiting lists are not uncommon.

Participation has been steadily increasing by about 300 children a year since 1989 when Nebraska began to receive accelerated federal dollars with the goal of full-funding by the year 2004. The increase slowed to about 200 additional children this past year. In 1994, a total of 3,644 children participated in Head Start. In Fiscal Year 1994, Nebraska received $14,319,136 to fund Head Start, which represents a cost of $3,891 per child.

"[Head Start] involves families . . . you always feel welcome. Children get to learn so much socially and prepare for kindergarten."

– Dayna, mom of Head Start student, Hastings, NE

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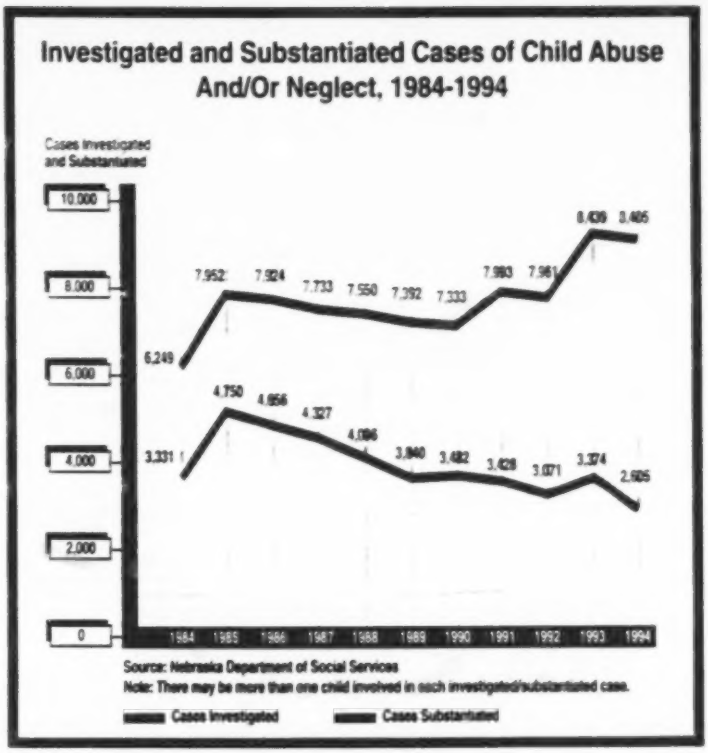
Child Abuse and Neglect



Over 4,500 Nebraska Children

Children need safe families and nurturing environments to grow up strong and healthy. But in 1994, a total of 4,514 children in Nebraska were involved in substantiated cases of child abuse and/or neglect. In 72.3% of the cases, the perpetrator was the child's parent or a guardian living with the child.

Substantiated Cases

In 1994 there were 8,405 cases of child abuse and neglect investigated by the Nebraska Department of Social Services (NDSS). Of those, 2,605 were substantiated. Each case represents a household and may involve more than one child. The number of child abuse investigations has increased 35% since 1984 but the number of cases substantiated has decreased. During the same period, the percent of substantiated cases decreased from 53% in 1984 to 31% in 1994. The national trend reflects only a slight decrease with an average of 38% being substantiated or indicated.[9] A case is substantiated when credible evidence of maltreatment is determined by a court or NDSS.

Majority of Children Remain in the Home

In 1994, the majority of children involved in substantiated cases (65.7%) remained at home with their parents at the conclusion of the investigation, down from 77.5% in 1989. Nineteen percent were removed from the home by court-order and 5.3% were voluntarily placed outside the home by the parents. An additional 6.7% were removed but then reunited with their families, and 3.2% of the children's cases were pending.

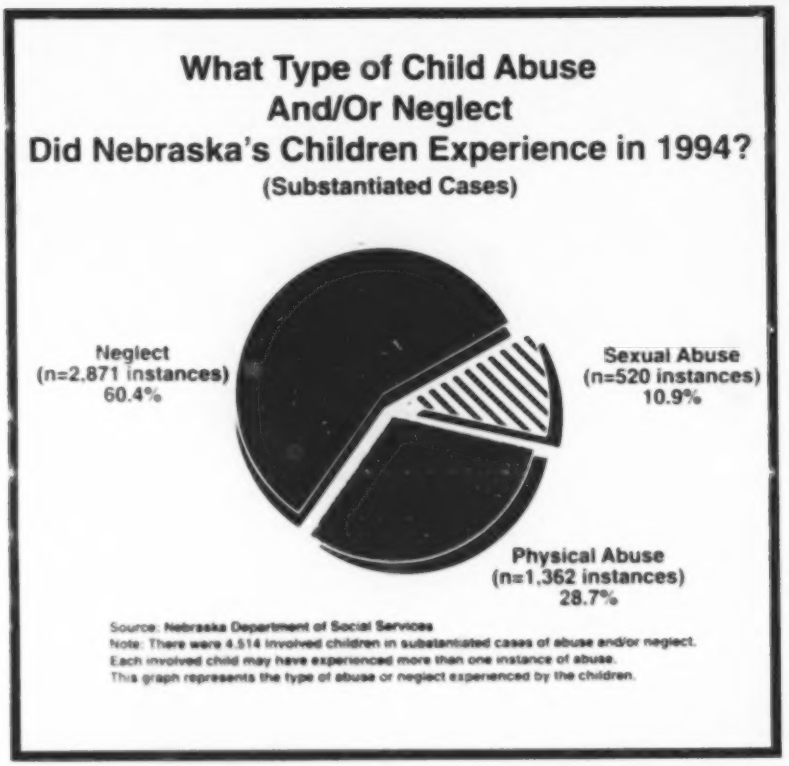
Impact

- **Children who are abused or neglected may suffer both short-term and long-term effects including social, emotional and physical harm. Studies reveal that child maltreatment can result in death, disability, behavioral or mental problems including suicide and depression, and that teen pregnancy, juvenile delinquency, learning disorders and developmental delays have been linked to child abuse and neglect. Although child abuse and neglect does not necessarily lead to juvenile delinquency, about 20-30% of adjudicated youth were abused or neglected as children.[10] (Clearinghouse on Child Abuse and Neglect Information, Wash. DC, 1992)**

- **Individuals with alcohol and/or other substance abuse problems are more likely to have been abused as children than those who do not have such problems.[11] (Simpson, 1994)**

"I was stunned because my image of Nebraska . . . was that we were a state where families were intact and solid and kids were protected."

– State Senator Don Wesley,
in response to the number of Nebraska children involved in substantiated abuse and neglect cases.
Testimony given at LB777 hearing, February 24, 1995.


What Type of Child Abuse
And/Or Neglect
Did Nebraska's Children Experience in 1994?
(Substantiated Cases)
Neglect
(n=2,871 instances)
60.4%
Sexual Abuse
(n=520 instances)
10.9%
Physical Abuse
(n=1,362 instances)
28.7%
Source: Nebraska Department of Social Services
Note: There were 4,514 involved children in substantiated cases of abuse and/or neglect.
Each involved child may have experienced more than one instance of abuse.
This graph represents the type of abuse or neglect experienced by the children.

Neglect Most Common Type

The abuse experienced by these 4,514 children included: neglect, physical and/or sexual abuse. A child may experience more than one type of abuse. For example, a child may experience both physical and sexual abuse. In this case, two instances of abuse are documented. The graph reflects the number of instances of abuse (not the number of children.) Neglect is the most common instance of abuse (60.4%). There were 520 (10.9%) instances of sexual abuse in 1994; almost half of these instances reflect incest.

Only Investigated Cases Counted

It is important to note that these statistics involve investigated reports of child abuse and neglect. Available statistics do not track the number of calls reporting suspected abuse and neglect; only investigated cases are counted. The Nebraska Department of Social Services investigated a total of 8,405 cases in 1994, a slight decrease from 1993.

Policy

- **In 1994, the Nebraska legislature passed LB1035, which requires written notice to alleged perpetrators of child abuse and neglect reporting determination of the case and central registry status. Neb. Rev. Stat. §28-713.01**
- **Following passage of LB1035, an administrative memorandum, CPS #3-94, issued by the Director of NDSS clarified the level of proof required for NDSS to substantiate a case. (NDSS defines this category of case as "inconclusive.") NDSS substantiation occurs when NDSS finds indication by a "preponderance of the evidence," that abuse and/or neglect occurred. (Preponderance of the evidence means the event is more likely to have occurred than not.)**

"No one knows anything about the court system unless you happen to be there . . .

- Joan, grandmother of two abused girls

Eric, 6

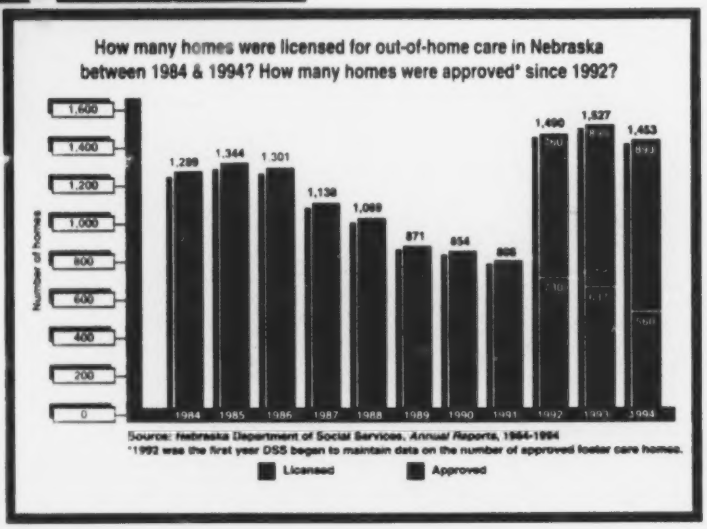
12

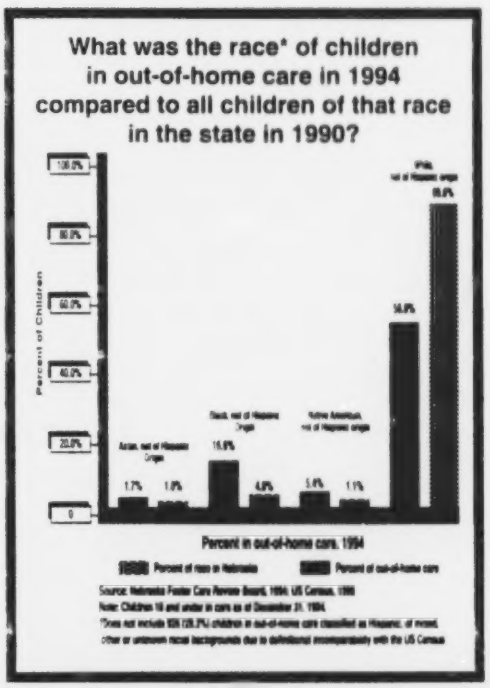
Out of Home Care

Barb and four of her eight adopted children, Desiree, 16, Philip, 14, Michaela, 11, and Anthony, 11.

"I don't pressure kids to talk when they first arrive at my home."

- Barb,
foster parent for over 30 years and adoptive mother, cares for children who have often been shuffled from home to home.




What was the race* of children in out-of-home care in 1994 compared to all children of that race in the state in 1990?
Percent of Children
16.8%
58.8%
Percent in out-of-home care, 1994

Removing Children from Home: Almost 4,000 Entered Care

Children may be removed from their home and their family for a variety of reasons and for different lengths of time. Out-of-home care is intended to improve the child's well-being on a short-term basis, while the family resolves its difficulties or until a long-term alternative is found. The State Foster Care Review Board maintains a tracking system of all children in out-of-home care 3 days or longer. Trained citizen boards reviewed approximately half of those cases. Data from the Foster Care Review Board indicates that during calendar year 1994, 3,978 children entered out-of-home care with a variety of agencies, in many different types of care including group homes, institutions and correctional facilities. The majority were placed in foster care homes. Thirty percent of the children entering out-of-home care in 1994 had been in out-of-home care before.

Policy

- **In 1990, Nebraska legislation mandated training for all licensed foster parents. It requires twelve hours of training before licensure and twelve hours of training every year thereafter covering information directly related to skills necessary to care for abused, neglected, dependent and delinquent children. Neb. Rev. Stat., §71-1902**
- **Family Policy was established at the federal level in 1980 through PL 96-272. Nebraska statute had previously emphasized the best interest of the child. Nebraska then passed the Family Policy Act in 1987, Neb. Rev. Stat., §43-532 to 43-535, establishing the importance of family to children and then in 1989 amended that language to reiterate the need to protect and remove children when remaining with the family is harmful. In 1992, §28-728 was added establishing teams of professionals in each county to ensure a consistent system for investigating child abuse and neglect in each county.**
- **The Family Preservation and Support Act was passed at the federal level in 1993. A statewide plan is now being implemented in Nebraska to distribute approximately $500,000 annually. 42 U.S.C. §629 (1993).**

Over 3,000 in NDSS Custody

The majority of children in out-of-home-care (3,274) as of June 30, 1994 were in the custody of the Nebraska Department of Social Services (NDSS). According to the data from NDSS, the average percent of life spent in out-of-home care was 15.1%. The youngest children have spent the greatest percent of their life in out-of-home-care with children ages 0-4 spending an average of 43.8% and children ages 5 - 9 spending 26.4% in NDSS custody.

Average Number of Moves

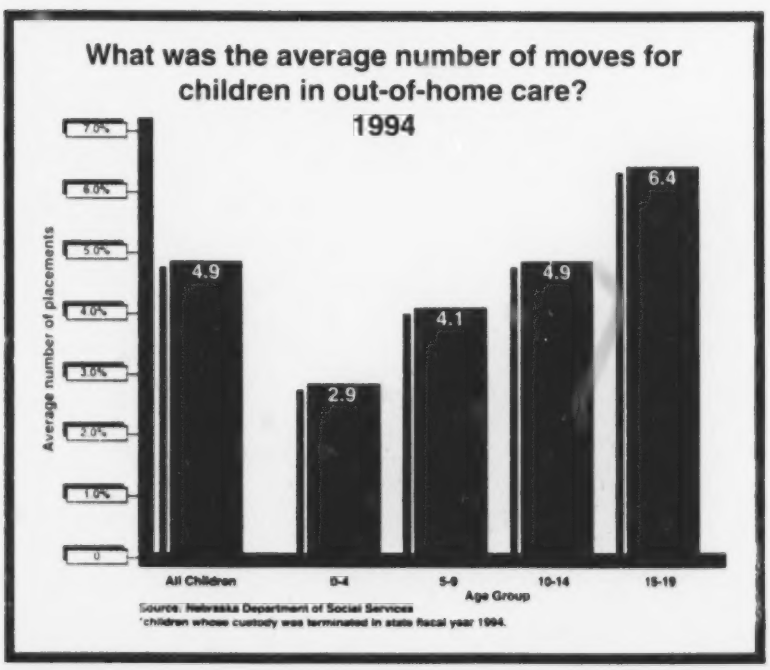
According to data from NDSS, the average number of moves for all children was 4.9. Moves are significant because they often include a change in caretaker, environment and educational institution. A move is counted when a child leaves the family of origin, changes foster homes or residential facilities or is hospitalized.

Licensed Foster Care Homes

Placement with foster parents is considered the least restrictive type of out-of-home placement. State law requires foster parents providing care for children from more than one family to be licensed. Licensure is a process which is not child-specific. It requires a series of interviews, responses from references, criminal record and child abuse registry checks, and completion of foster parent training - both before licensure and every year thereafter.

Approved Foster Care Homes

NDSS allows for an approval process as an alternative to licensure. Approval is intended for foster families providing care for relatives or a child with whom they are already acquainted, although approvals are made when this is not the case. Approval requires one home visit meeting all adults who live in the home and a check of criminal records and the child abuse registry. Over the last eight years while the number of children in out-of-home care remained steady with 4,566 in 1994 compared to 4,375 in 1987, the number of licensed foster homes has decreased from 1,138 to 560. In 1992 approved foster homes seemed to fill the gap but those leveled off during the last two years while licensed homes continued to decrease. This gives Nebraska a total of 1,453 licensed and approved homes in 1994.



Impact

- **Children's optimal development is based on developing a nurturing relationship with a caring adult.[12] (Egeland & Erickson, 1991; Stroufe, 1993)**
- **Children need to attach to a caring adult during their developmental period, between ages 4-10.[13] (Gelles, 1992)**

Education

"If you build self-esteem and confidence and help them develop their minds by setting realistic, attainable goals for themselves, they experience success."

– Dewey Haley, Juvenile Probation Officer, Scottsbluff

Torey, 16, studying at the Summer Enrichment Program through United Methodist's Community Center's Wesley House.

Policy

- **The U.S. Supreme Court recently struck down the federal "Gun Free Schools Act" as unconstitutional, leaving policy addressing weapons in school to be set by state and local laws. *U.S. v. Lopez*, U.S. Lexis 3039 (1995).**
- **Nebraska state law provides that students shall be expelled from school for injuring other students or school representatives by force, as well as for carrying a weapon in school or at a school-sponsored activity. (1993) Neb. Rev. Stat. §79-4, 180**
- **Passed in 1995, LB 658 requires all school districts to have an alternative school available for expelled students by January 1, 1997.**
- **The Nebraska legislature passed a spending cap in 1995 to limit the growth of state spending on special education. Starting in State Fiscal Year 1996-1997, growth in special education spending will be limited to 2.5% and 3% in1997-1998 (LB 742).**

High School Completion Rate

Nebraska's high school completion rate, the number of children starting high school and the number graduating four years later, has hovered in the mid-80% range since 1988. The completion rate in 1994 is 82%. The Nebraska Education Goal is to reach a 90% high school completion rate by 1995 and 95% by the year 2000.

Secondary School Dropouts

Over the past 10 years the percent of Nebraska children enrolled in 7-12 grade who dropped out of secondary school has remained fairly steady. In 1994, 2.9% (4,162) dropped out of school during the 1993-1994 school year. The majority of these students dropped out during grades 10-12. Eight hundred and sixty five dropped out before grade 10.

Children of color were more likely to drop out of school than their White counterparts during the 1993-1994 school year. Among White 7-12 graders, 2.3% dropped out. During this same school year, 14.1% of enrolled Native American children, 9.2% of enrolled Black children, and 8.4% of enrolled Hispanic children dropped out of school.

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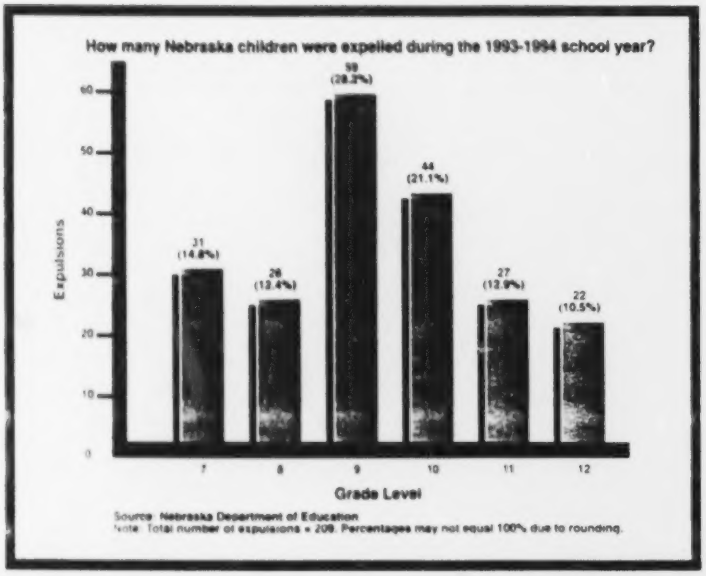

Number of Nebraska Children Who Dropped Out in 1993-1994 by Race

School Year 1993-94	Number Enrolled	Number Dropouts	Percent Dropout
All 7-12 Graders	141,133	4,162	2.9%
American Indian	1,359	191	14.1%
Asian/Pacific Islander	1,713	59	3.4%
Black, Not Hispanic	7,151	657	9.2%
Hispanic	4,277	359	8.4%
White, Not Hispanic	126,633	2,897	2.3%

Source: Nebraska Department of Education
Note: Includes both public and private schools.

Special Education

There were 38,763 children with a verified disability who were receiving special education services in Nebraska on December 1, 1994. This represents 11.8% of all students enrolled in public and private schools in September 1994. The number of children has increased by 13%, from 34,172 in 1991 to 38,763 in 1994. Although categorized somewhat differently, there were a total of 30,734 children with a verified disability on December 1, 1984.

Based on 1994 data, 39% (15,231) of the children had a specific learning disability, 29% (11,216) had a speech-language impairment, and 11% (4,369) had a mild mental handicap, and 7% had a behavioral disorder (2,817.) Other disabilities included: hearing, visual and orthopedic impairments, and others. The vast majority of these children with a verified disability (91.8%) received special education services through the public schools.

"The goal is to get kids off the street and into a learning arena . . . when you sit with one kid, they know that you care. We sit with each student."

– Tommie Wilson, Educational Director, Wesley House, Stay in School Program for expelled students. Last year, 85% of the students involved returned to mainstream school and have not been expelled again.

Impact

- **Studies reveal that earning a high school diploma is linked to greater economic success. A 1988 study indicates that males aged 20-24 who dropped out of high school made only 62.7% as much as those who earned high school diplomas. Young married couples who had children have a greater chance of living in poverty when the head of household left high school without a diploma.[14] (Grant Foundation, 1988)**

- **There is little, if any, research on the affect of expulsion on adolescents as a disciplinary policy.**

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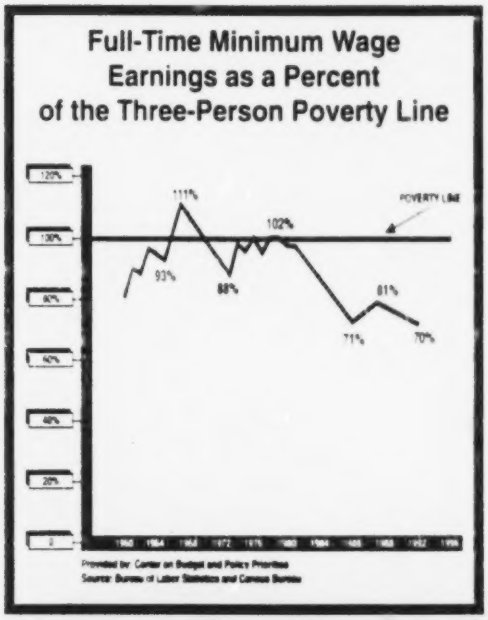
Economic Well Being

Joshua, 5, keeps dad, Michael, busy with baseball all summer long.



Nebraska's child poverty rate rose by 11.6% between 1980 and 1990. The 1980 decennial Census reported a 12.1% (53,278) child poverty rate which increased to 13.5% (57,026) in 1990. The young child poverty rate increased even more significantly. In 1980, 13.4% (16,343) of Nebraska's children under age 5 lived in families below the poverty line. By the 1990 Census report, 17.3% (20,466) lived in poverty. This represents an increase of 29.1%. It is more difficult to accurately measure changes in child poverty since 1990. The main source of data on poverty on an annual basis is the Current Population Survey (CPS). Unfortunately, the sample size of families in Nebraska in the CPS is too small to provide a precise estimate. Analysis of CPS data since 1990 does not show a statistically significant change in poverty in Nebraska.

Working Poor

According to a recent analysis of 1990 data, a majority of Nebraska's children living in families with income below the poverty level have parents in the labor force.[15] Earnings from work are the primary source of income for all poor families with children in Nebraska, while only 13% of the income comes from public assistance, primarily Aid to Dependent Children (ADC) and Supplemental Security Income (SSI).[16] The number of full-time, year-round parents in the labor force in Nebraska with "low earnings" as defined by the Census ($13,800 in 1994 dollars) rose from 24,360 in 1980 to 32,804 in 1990. This represents an increase of more than one-third.

Full-time, year-round work at the minimum wage no longer lifts a family above the poverty line. The federal minimum wage is set at $4.25 an hour. Nebraska state law mirrors the federal law. Between 1981 and 1990, the federal minimum wage was frozen; the cost of living increased by 48% during this same time period. In 1991, the minimum wage was raised to its current level. But in 1994, full-time, year-round work at the minimum wage leaves a family of three $3,000 below and a family of four $6,300 below the federal poverty line.

Earned Income Tax Credit (EITC)

This tax credit helps low- and moderate-income working families keep more of their earned income. The EITC offsets the adverse effects of the Social Security payroll tax, erosion of wages for low paid work, and promotes work as a viable alternative to welfare. Over 72,000 working Nebraska families received the federal EITC in 1992, which represented a total of $65 million dollars earned by working families.

1994 Poverty Guidelines

FAMILY SIZE	GROSS ANNUAL INCOME
2	$9,840
3	$12,320
4	$14,800

Source: Federal Register, Vol. 59, No. 28, February 10, 1994, p. 6277.

Single Parent Families

Children living in single parent families have a greater chance of living below the federal poverty line. Based on the 1990 Census, 41.0% of all related children living in single families fell below the poverty line. Looking at all children (57,026) living in families with income below the poverty line, 49% (27,775) lived in a single parent family headed by a mother, 4% (2,112) lived in a single parent family headed by a father, and 48% (27,139) lived in a two-parent family. Based on national statistics, a major reason that children in single-parent families have an increased chance of living below the federal poverty line is a lack of adequate child support.[17]

Divorce and Child Support

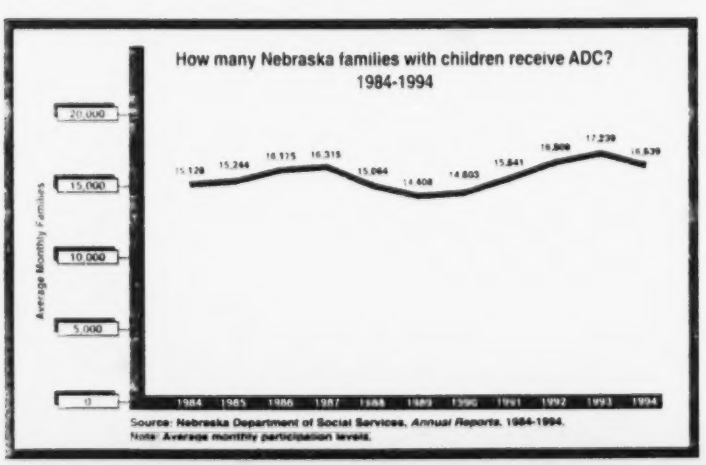
In 1994, there were a total of 6,311 divorces; 61% of these divorces involved a total of 7,265 children under 18. Half of the divorces involving children were in metropolitan counties in Nebraska, half were in nonmetropolitan counties.

Some divorces result in an order by the court for child support to be paid by the parent who does not live with the children. But not all children receive the child support owed to them. States established child support enforcement systems during the 1970s to help some families collect child support.

Any family in Nebraska can request child support assistance from NDSS. There were a total of 69,594 children in 1994 with court-ordered child support whose parents requested services from Nebraska's child support system within the Department of Social Services. Sixteen percent (11,211) of these children are currently receiving Aid to Families with Dependent Children. In 1994, Nebraska's child support enforcement system collected just over $64 million of the almost $116 million dollars owed to the children who requested services.

Aid to Families with Dependent Children (ADC)

ADC provides cash assistance to families with children with gross incomes at or below 65% of poverty, and countable income at or below 35% of poverty. ADC monthly benefits are determined by subtracting a family's countable income from the state's "need standard." The need standard for a family of 3 is $364 a month. If a family has no countable income, this family will receive a maximum benefit of $364 a month.



Source: Nebraska Department of Social Services, *Annual Reports*, 1984-1994.
Note: Average monthly participation levels.

Christy and her daughter Karie, 5.

Policy

The Nebraska Welfare Reform Act, LB455, was passed in 1995 establishing limits on cash assistance and extending child care and medical assistance when returning to the labor force. The bill will be piloted in Lancaster County and four rural counties: Nuckolls, Clay, Webster and Adams. The pilot sites will run from October 1, 1995 through January 1, 1997. Nebraska will begin statewide implementation in July 1996.

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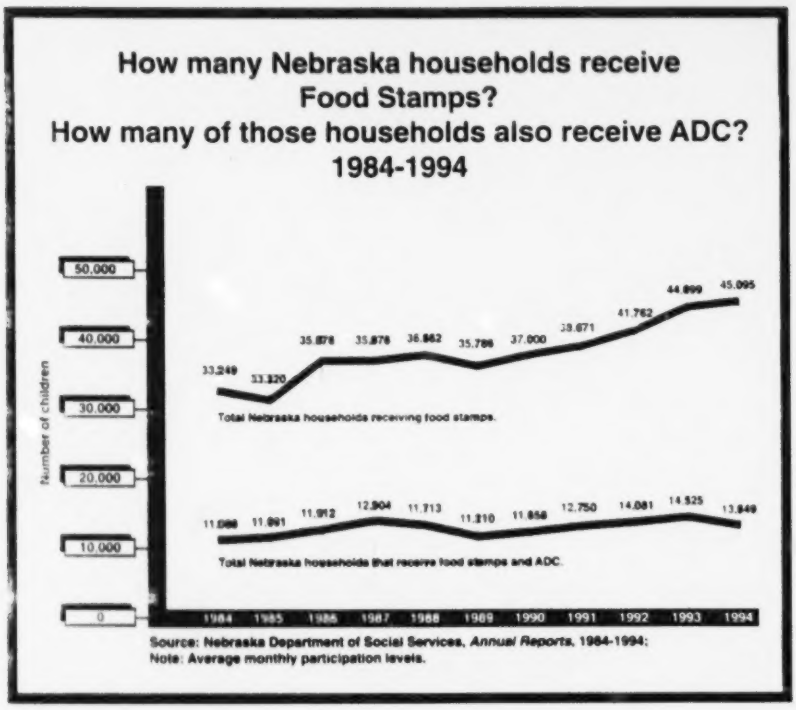

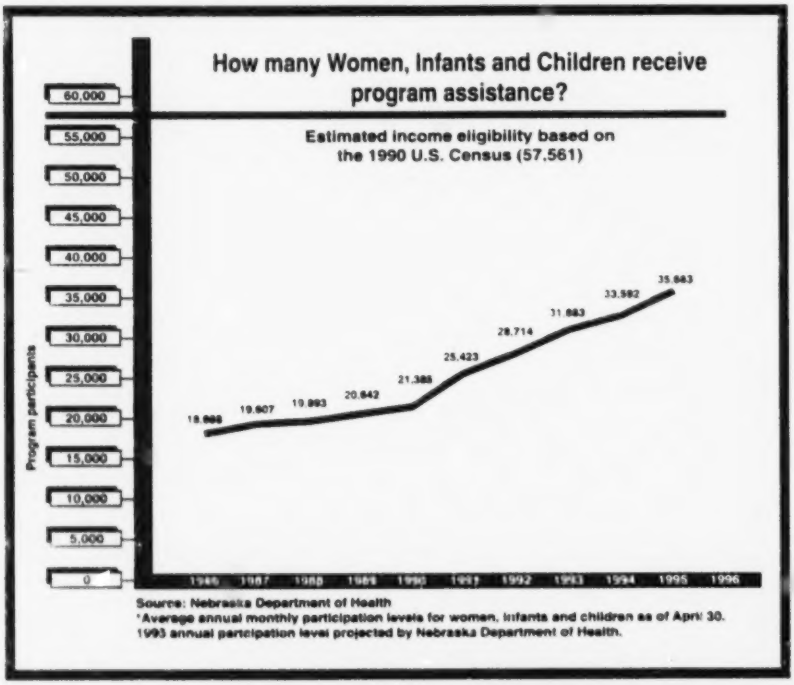

Eighty-two percent of families receiving ADC also received food stamps during this same time period. The average food stamp benefit for households in 1994 was $152.18 a month. A combination of ADC and food stamps brought a family of three, receiving the maximum ADC benefit and the average food stamp benefit, to 50% of poverty in 1994.

Food Stamps

Food Stamps are coupons redeemable in retail food stores. They are available to eligible families living at or below 130% poverty to help increase their purchasing power to buy an adequate low-cost diet. The monthly average number of households receiving Food Stamps in 1994 was 45,095. Thirty percent of these households also receive ADC. The Nebraska Department of Social Services estimates that approximately half of all Food Stamp recipients are children.

WIC

Pregnant women and children under 5 who are considered at nutritional risk and who are living in families with incomes at or below 185% of poverty may receive assistance through the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). WIC provides foods (cheese, milk, juice) and nutritional counseling. The purpose of WIC is to prevent poor birth outcomes (low birth weight) and improve children's health. The USDA estimates that in Nebraska, there are 57,561 women and children who may be income eligible for this assistance in 1995. The number of persons enrolled in WIC as of April 30, 1995 is 37,812, or about 66% of those estimated to be income eligible. Seventy-three percent of those eligible for WIC in metropolitan areas were enrolled in 1995, but 60% of those eligible for WIC in nonmetropolitan areas were enrolled.

"Low wages and the expense of child care works against self-sufficiency."

– Director of Domestic Violence Program in Nebraska

Michael, Karie, and Mercadi enjoy their school lunch.

School Breakfast and Lunch

Children from families with incomes at or below 130% of poverty may receive free lunch and/or breakfast at school; children from families with incomes between 130% and 185% of poverty may receive reduced price meals. In 1994, 58% (962) of Nebraska's schools offered free and reduced price school lunch, while only 19% (321) of all Nebraska schools offered the school breakfast programs. In 1994, on average 17,460 children received a school breakfast (free or reduced price) each day, 70,307 received school lunch (free or reduced price).

Defining Poverty

The federal poverty line or guideline is based on family size and income, and is adjusted for inflation annually. It is the most commonly accepted measure of poverty status in the United States.

The data and methodology for this social indicator was set in 1964 based on three times the cost of a minimal diet. In 1988, Congress commissioned an independent study to update the measure of poverty. The National Academy of Sciences releases its recommendations in 1995.

Impact

- **High numbers of children living in poverty are cause for concern. A growing body of research indicates that poverty can hinder the cognitive and physical development of children, and adversely affect their abilities to become productive adults.[18] (Miller and Korenman, 1993; Schweinhart, 1993; Tufts, 1994; Duncan, et al, 1994)**

- **The effects of poverty can be tempered. Studies reveal that children in low-income families who go to school with food in their stomachs do significantly better on standardized tests than those who go to school hungry.[19] (Tufts, 1995)**

"Seasonal work . . . makes it really tough."

– Donna, rural Nebraska mother and farm wife. She and her husband utilize both WIC and Head Start for the benefit of their 3-year-old daughter, Sarah.

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Health

Thelma and her 6 month old son, George.

Health Insurance

Health insurance provides at least some degree of financial assurance that medical services will be paid for; however, some Nebraska children remain uninsured. Eight percent of Nebraska's children had no health insurance, public or private, based on estimates from the Current Population Survey; (1992, 1993, 1994). Analysis of the CPS for the years 1989-1993 shows that the percent of children without health insurance coverage has remained steady over that time period.

Impact

- **Research indicates that children without health insurance had 38% fewer medical visits than those with insurance.[20] (National Center for Children in Poverty, 1991: Waterman and Woodford, 1993)**

- **Cost savings result from immunization:**
  - ⇨ **$21 saved for every $1 spent on measles/mumps/rubella vaccine.**
  - ⇨ **$30 saved for every $1 spent on diphtheria/tetanus/pertussis vaccines**
  - ⇨ **$6 saved for every $1 spent on polio vaccines[21] (CDC, 1995)**

- **Dollars ionvested in prenatal care also pay off. Every $1 spent on prenatal care saves $3.38 in expenditures for the care of low birth weight babies.[22] (American Public Health Association, 1989)**

Thelma's story....

Thelma and her husband immigrated to the United States from Guatemala six years ago. Three years ago the family moved to Omaha because they heard there was work available. Thelma's husband is employed as a painter. He has no health insurance, yet he makes too much money to be eligible for Medicaid. When Thelma's son, George, was born six months ago, they had to pay all the hospital expenses out of pocket.

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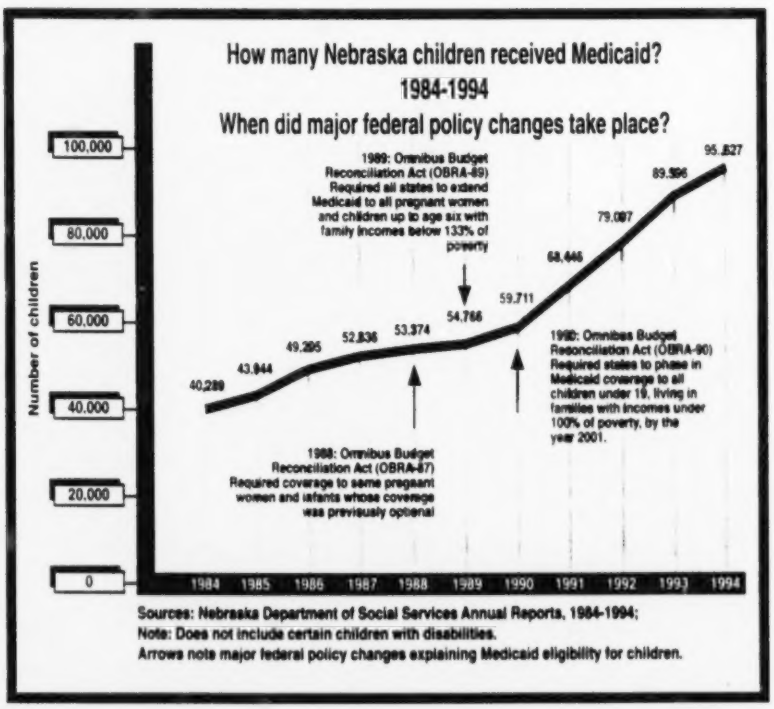
"They (my children) have regular doctor and dentist appointments but I would never do that if they weren't on Medicaid."

- Omaha mother of two


How many Nebraska children received Medicaid?
1984-1994
When did major federal policy changes take place?
Number of children
100,000
80,000
60,000
40,000
20,000
0
40,289
43,944
49,295
52,836
53,374
54,766
59,711
68,446
79,087
89,396
95,627
1989: Omnibus Budget Reconciliation Act (OBRA-89) Required all states to extend Medicaid to all pregnant women and children up to age six with family incomes below 133% of poverty
1988: Omnibus Budget Reconciliation Act (OBRA-87) Required coverage to same pregaant women and infants whose coverage was previously optional
1990: Omnibus Budget Reconciliation Act (OBRA-90) Required states to phase in Medicaid coverage to all children under 19, living in families with incomes under 100% of poverty, by the year 2001.
1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994

Sources: Nebraska Department of Social Services Annual Reports, 1984-1994;
Note: Does not include certain children with disabilities.
Arrows note major federal policy changes explaining Medicaid eligibility for children.

Policy

- **Medicaid Managed Care was passed in Nebraska in 1993 (LB 816) and goes into effect on July 1, 1995. While it does not change eligibility for Medicaid benefits, it alters the way services are provided. Medicaid services will be provided by three different managed care plans, from which clients can choose. Mental health services will be provided by a separate managed care plan. Neb. Rev. Stat. §68-1048 to 1066.**

- **In 1992 Nebraska adopted the Childhood Vaccines Act in 1992 (LB 431) which set immunization goals for the year 2000, required immunization records in early childhood programs, and authorized immunization pilot programs and the development of a comprehensive plan for increasing immunizations and other well-child care services.**

Medicaid

The problem of uninsurance among children in households with low income is addressed at least in part by the Nebraska Medicaid program. The program provides financial access to acute and preventive medical services for children (depending on their age) in households with low incomes. All children receiving Aid to Dependent Children (ADC) benefits automatically are eligible for Medicaid, as are children under 6 living in households with incomes at or below 133% of poverty. Also eligible are children ages 6-11 who live in families with income at or below 100% of poverty. In special circumstances, other children may be eligible (state wards, children with disabilities). Effective July 1995, pregnant women and children under the age of 1 with a family income at or below 150% of the federal poverty level are eligible for Medicaid.

The number of children served by Medicaid in Nebraska increased from 40,289 in 1983 to 95,627 in 1994. This sharp increase is primarily a result of federal policy changes enacted in 1986 through 1991 which required states to expand services to more pregnant women and children living in families with income below poverty. The expansion will be complete in the year 2001 when all children under the age of 19 living in families with income at or below 100% of poverty line will be eligible.

In Nebraska, low income children represent 58% of all Medicaid recipients in 1994. However, only 24% of all Medicaid expenditures were for services received by those children. Medicaid is a program that also provides medical assistance to the elderly with sufficiently low income to qualify them for benefits. Services for the elderly, blind and disabled accounted for 68% of Medicaid expenditures in 1994. Services to ADC adults represented 8% of Medicaid expenditures in the same year.

Immunizations

According to a recently released survey by the Center for Disease Control (CDC), 72% of Nebraska's 2-year-olds are minimally immunized. (CDC, "State and National Vaccination Coverage Levels, April-December 1994," *MMWR*, August 25, 1995.) Nebraska's Year 2000 goal includes vaccinations for 98% of all school age children, and 90% of all 2-year olds.

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Maria's story....

Maria is the 17 year old mother of 3 week old, Eric. Maria was scared when she found out about the baby and says she was not ready to be a parent. Despite her pregnancy, Maria graduated from high school because she liked school and her mother encouraged her to finish. Maria would like to become a nurse.

Maria and her 3 week old son, Eric, at the Indian Chicano Health Center for a well baby check.

Prenatal Care

Early prenatal care increases the chance of healthier babies because medical problems can be detected earlier and high-risk health habits, such as substance abuse and smoking, may be curtailed. The percent of pregnant women receiving prenatal care during the first three months of pregnancy has improved very little in recent years: from 82% in 1989 to 83% in 1994 among all pregnant females; from 83.2% to 84.6% for white females; and from 65.4% to 69.3% for non-white females, all below the National and Nebraska Year 2000 Objective of 90%.

Low Birth Weight

Low birth weight/premature birth is the third leading cause of death among all babies and the leading cause of death for babies born to Black women.[23] In 1994, 1,417 (6.1% of all live births) women gave birth to infants weighing less than 2,500 grams (approximately 5.5 lbs.), the definition of low birth weight. The percentage of all births which are low birth weight babies has been between 5% and approximately 6% in Nebraska since 1988, as compared to the National and Nebraska objective of 5% by the year 2000.

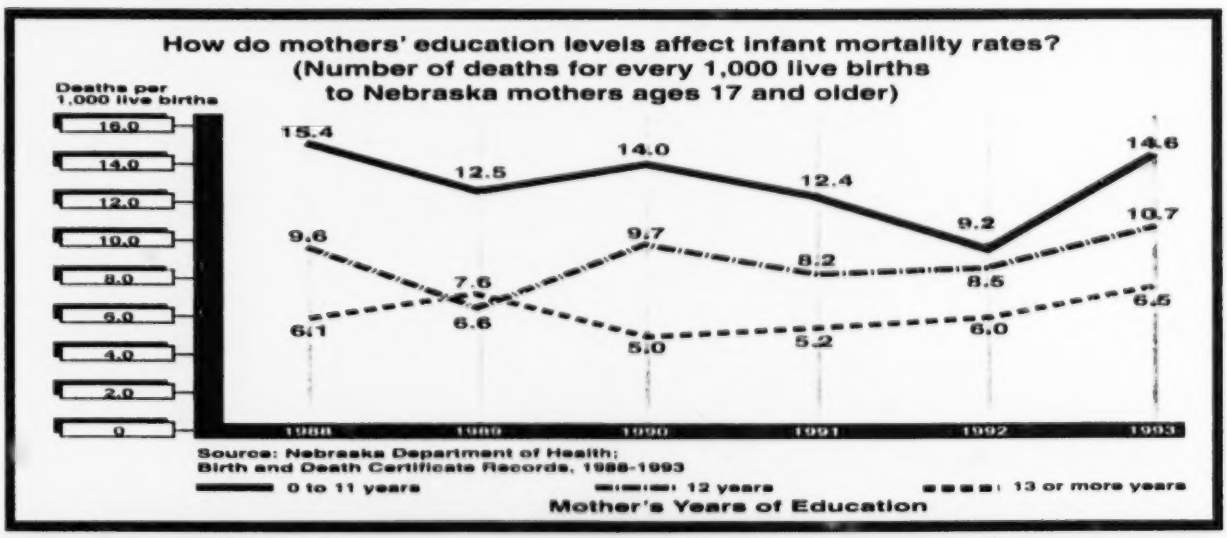
Smoking during pregnancy is an important indicator of risk related to low birth weight, premature birth, and subsequent infant mortality. Tobacco use during pregnancy accounts for up to 20% of all low birth weight.[24] Among Nebraska women who gave birth during the years 1990-94, the percent reporting use of tobacco during pregnancy is consistent, between 19% and 21%, which is well above the national year 2000 goal of 10%.

Teen Birth Rates

Birth rates among girls under age 16 have changed little since 1988. From 1988 to 1994, the birth rates for children aged 10-13 ranged from 0.10 to .24 per 1,000 girls of that age; for children aged 14-15 from 4.9 to 6.0 per 1,000 girls. During these years, 915 babies were born to children under age 16. The birth rate for girls ages 16-17 has increased since 1988, from 27.1 to 33.0 births per 1,000 girls. The number of births each year to girls ages 16-17 increased from 640 in 1988 to 740 in 1994.

Infant Mortality

In 1993, 211 Nebraska babies born alive, died before reaching their first birthdays. This translates to a Nebraska infant mortality rate



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of 9.1 deaths per 1,000 live births, above the 1993 U.S. rate of 8.3 and nearly double the Nebraska Year 2000 Objective of 5.0 deaths per 1,000 live births. The 1993 Black infant death rate was 26.2. This is more than double the Nebraska Year 2000 Objective of 11.0 Black infant deaths per 1,000 live Black births. (Note: The data necessary to calculate the 1994 infant mortality rates were not yet available at the time this report was prepared. *For 1994 infant mortality rates, consult Vital Statistics for Nebraska, 1994 which will be available in late fall, 1995.*)

Infant mortality rates are higher among babies born to women with fewer years of completed formal education, a difference that is consistent for all years during the period 1988-1993 (except 1989). The infant death rate for babies born to women with less than a high school education is the highest when compared to infants born to women who completed high school or had some post-secondary education. In 1993, the rates were 14.6 deaths per 1,000 live births among women with less than a high school education, compared to 10.7 for women with a high school education and 6.5 among women with at least some post-secondary education.

Lead Blood Levels

Children with elevated levels of lead in their blood are at significant risk for permanent brain damage. Lead poisoning can lead to decreased intelligence, behavioral disturbances, developmental disabilities and hematologic disorders.

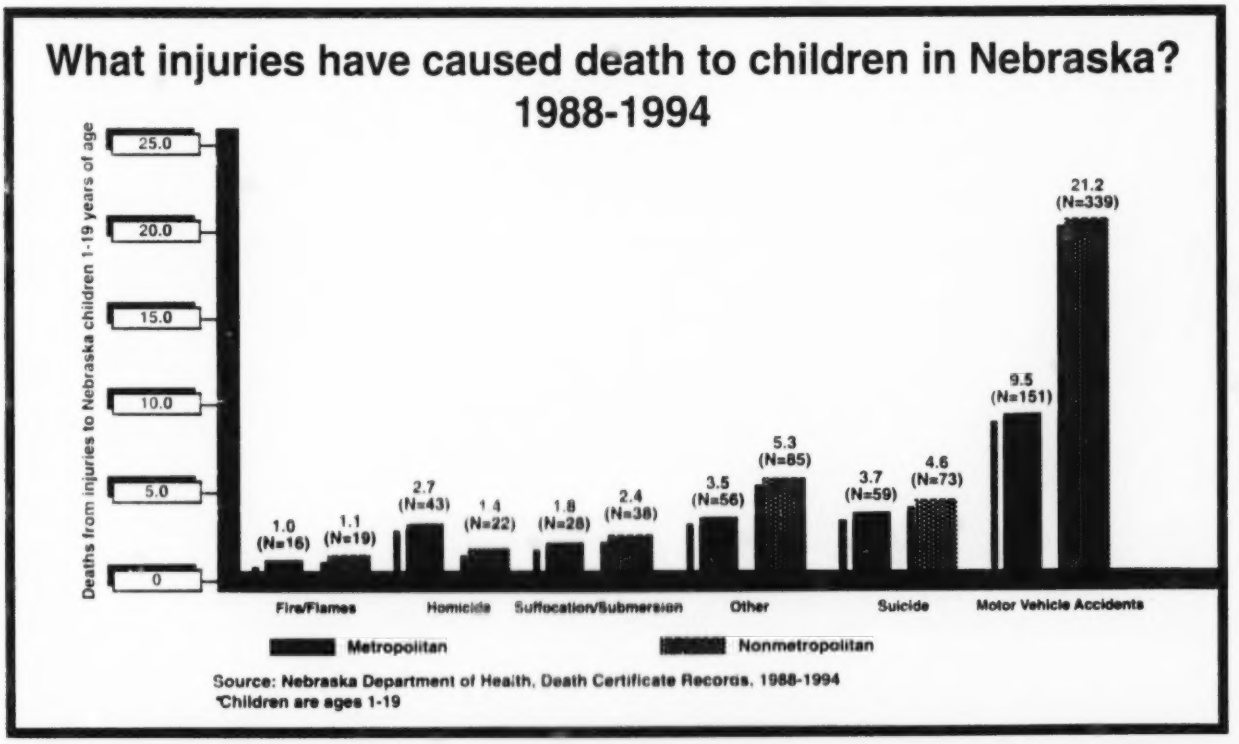
The Nebraska Department of Health currently is working to collect baseline data from which specific objectives for the reduction of the prevalence of elevated blood lead levels can be established. This effort has resulted in 1994 being the first year complete data exist about the incidence of elevated blood lead levels in Nebraska Children. Of the 6,026 Nebraska children whose tests were reported to the Nebraska Department of Health in 1994, 677 or approximately 11% had levels of at least 10 ug/dL in 1994, most of whom (56% or 379 children) were under 3 years of age.

Causes of Death

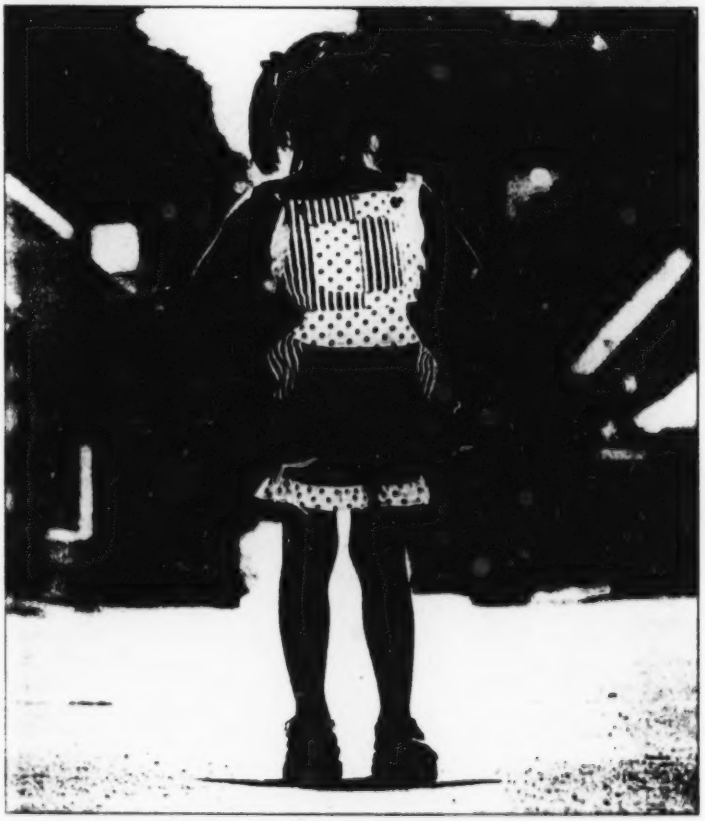
Of the 1,459 deaths to Nebraska children ages 1-19 during 1988-94, 931 (63.8%) were caused by injuries. Among the injury-related deaths, motor vehicle accidents remain the leading cause, accounting for 52.6% (490) of those deaths. The rate of death due to motor vehicle accidents is much higher in nonmetropolitan counties, 21.2 per 100,000 children versus 9.5 in metropolitan counties. Conversely, the metropolitan rate for homicides is higher, 2.7 per 100,000 children, versus 1.4 in nonmetropolitan counties. Many deaths due to injury are preventable.

Motor Vehicle Accidents

The disproportionate occurrence of motor vehicle fatalities among children in rural counties is also reflected in the number of injuries involving children in motor vehicle accidents. Data collected by the Nebraska Department of Roads from accident reports show that the number of fatal, disabling, and visible injuries to children ages 18 and under are higher in nonmetropolitan counties: 13,300 during the years 1988-1994 as compared to 11,928 in metropolitan counties.



Housing



Five-year-old Yvonne

Three measures of inadequate housing are reported here: cost as a percent of total income, over-crowding, and homelessness.
See Definitions and Data Sources

Cost

In Nebraska, 38% of all households in the state (216,278) include children. Approximately 16% of all households with children (35,293) pay more than 35% of the gross annual incomes for housing. The percentage of renters doing so is higher than that for owners (30% vs. 10%). Rural households with children, including those in Dakota and Cass counties, are less likely to spend over 35% of their income on housing than are their urban counterparts (23% vs. 38%). For owners, the percentages of urban and rural residents paying more than 35% of income for housing are nearly the same.

Overcrowding

When considering only households with children present, 3.9% of estimated Nebraska households live in overcrowded conditions. The percentage is higher, 4.08%, in rural areas, (including the metropolitan counties of Dakota and Cass), than in metropolitan areas, 3.47%. An estimated 8,340 Nebraska households with children are overcrowded.

Impact

Research indicates that where a child lives can affect his/her ability to learn and even his/her health. Living in public housing has been connected to "educational failure" because of their negative surrounding; many kids living in public housing have also been shown to suffer from chronic stress.[5] (Schmitz, 1992)

"(Public) housing has a 2-3 month waiting list. Fifty percent of the homeless are women and children. Some of them are teen moms with babies."

– Director of a Domestic Violence Program

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Policy

The 1990 amendment to the McKinney Homeless Assistance Act increased the federal government's role by providing dollars to state and local entities to acquire housing and provide supportive services for various homeless populations to facilitate their transition to more independent living. (Pub. L. 101-645)

Marquise learns the construction trade by helping build low-income housing in Omaha.

Homelessness

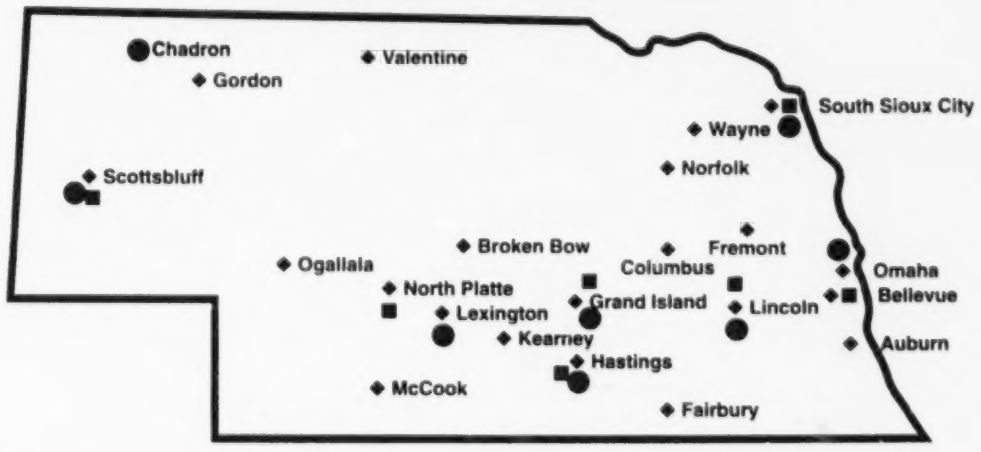
Measuring the extent of homelessness in Nebraska is difficult given the very nature of the problem. Two recent efforts include the Nebraska Department of Education (1992) and Hanna:Keelan Associates (1995). Although definitions of homelessness and the methodology used to identify the populations differed somewhat, both studies found that over 4,000 children in Nebraska have experienced a period of homelessness.

As required by the federal government, the Nebraska Department of Education (NDE) conducts surveys of shelters and service agencies which serve homeless children and youth. The 1992 homeless survey documented 4,031 children under 18 residing in shelters and an estimated 4,213 additional children who received homeless services during the 1991-92 survey year. The report noted that the majority of homeless youth not attending school had dropped out; the youth shelters reported that all of their non-enrolled clients had either dropped out, or had been expelled or suspended.

At the request of the Nebraska Department of Economic Development and Department of Social Services, the private consulting firm of Hanna:Keelan Associates surveyed shelters throughout the state of Nebraska during a 12 month period between 1994-95. Shelters responding to the survey identified over 4,000 children under 18 years of age who experienced a period of homelessness. Of these, nearly 23% were homeless youth 17 years of age or less who were unaccompanied by an adult.

Nebraska has 21 domestic violence shelters/programs across the state, according to the Nebraska Domestic Violence Sexual Assault Coalition. The coalition reported that 2,056 children received services in domestic violence shelters in 1994.

Where can Nebraska's homeless families and youth find shelter?



Emergency Family Shelters ◆ Domestic Violence Shelters/Programs ■ Youth Shelters

Source: Nebraska Department of Education.
Note: Some shelters serve a multi-county area. Some municipalities may provide shelter in other facilities not specified as a homeless shelter. These facilities are funded by the Emergency Shelter Grants, administered by the Nebraska Department of Social Services.

Juvenile Justice

Ramone, 15, is finishing his first month of detention at the Northeast Nebraska Juvenile Services Center in Wayne.

Ramone's story....

Ramone is a 15 year old father who is detained at the Wayne Detention Center for stealing a car. According to Ramone, he has not attended school in the last year because his mother was incarcerated and unable to complete the enrollment paperwork. Ramone has been a gang member since the age of 12. He was previously confined for running away from home and subsequently assaulting a guard in an escape attempt. What are his future plans? Ramone would like to meet his son born in May, 1995.

Juveniles Arrested

Trends in arrest data, while not an exact measure of crimes committed or the number of juveniles involved in criminal activity, may be indicative of general conditions for Nebraska's children. Arrests are divided into two categories — Part I Offenses which are the most serious crimes including crimes against persons or property and Part II which are less serious crimes of all types. (A more complete list of crimes for each is provided in Definitions and Data Sources. Arrest data reflect the number of arrests, not necessarily the number of persons arrested. One child could be involved in more than one arrest.)

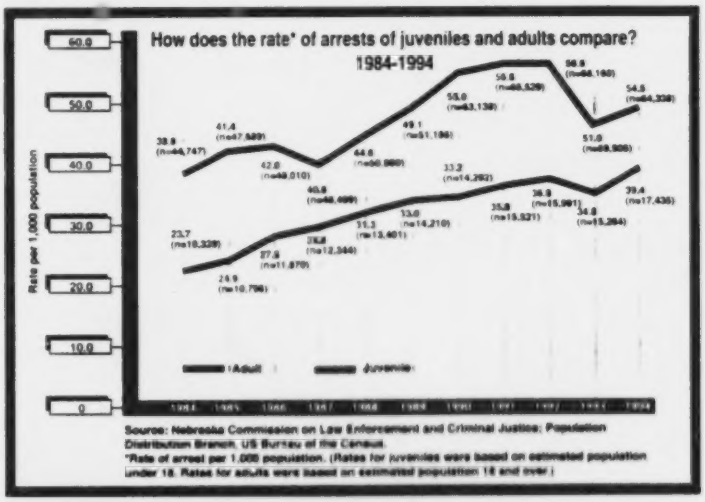
The overall number of arrests for juveniles has increased 68.8% in the last ten years compared to a 43.8% increase for adults. Juvenile arrests for 1994 totaled 17,435 up from 10,328 in 1984. Adult arrests in 1994 were 64,338 up from 44,747 in 1984. The juvenile arrest rate (number of arrests per 1,000 population) increased from 23.7 to 39.4, while the adult arrest rate increased from 38.8 to 54.5 between 1984 and 1994.

Part I Offenses

Differences between adult and juvenile arrests were even more dramatic for violent crimes (Part I Offenses). Juvenile arrests for violent crimes increased 190.8% between 1984 and 1994, from 119 to 346 arrests, while adult arrests increased 28.7% from 902 to 1161 arrests. With respect to crimes against property which includes auto theft (Part I Offenses) there was actually a 4% decrease in adult arrests, while juvenile arrests increased 40.7% from 3990 in 1984 to 5614 in 1994. Overall, juvenile arrests for serious crimes (Part I) increased by 45.0%, from 4,109 in 1984 to 5,960 in 1994.

Part II Offenses

With respect to less serious crimes (Part II Offenses), juvenile arrests increased 84.5% (6,219 to 11,475) while adult arrests increased by 52.8% (37,203 to 56,851) between 1984 and 1994.


How does the rate* of arrests of juveniles and adults compare?
1984-1994
Rate per 1,000 population
60.0
50.0
40.0
30.0
20.0
10.0
0
Adult
Juvenile
Source: Nebraska Commission on Law Enforcement and Criminal Justice; Population Distribution Branch, US Bureau of the Census.
*Rate of arrest per 1,000 population. (Rates for juveniles were based on estimated population under 18. Rates for adults were based on estimated population 18 and over.)

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Incarcerated in Youth Rehabilitation/Treatment Centers

The number of youth incarcerated in Youth Rehabilitation and Treatment Centers in Geneva and Kearney has increased 48% over the last five years from 402 in 1990 to 596 in 1994. The number of incarcerated youth has increased 121% since 1984. Youth are committed to these correctional facilities for crimes against persons or property. Juvenile Court commits them to a facility. The average stay is 5 months.

Adult Jail

An additional 84 youth were incarcerated in adult prisons in 1994 for crimes tried in adult court.

Detention

During that same year 2,960 children were held in a locked detention facility. Typically a detention stay is 8 - 10 days while the child is waiting for a court hearing or placement following a hearing. The waiting period for some children can be up to a year pending trial or serving a sentence.

Over-Represented

Children of color are over-represented in each of these facilities and at all stages of processing including arrest, secure detention, and all forms of confinement.

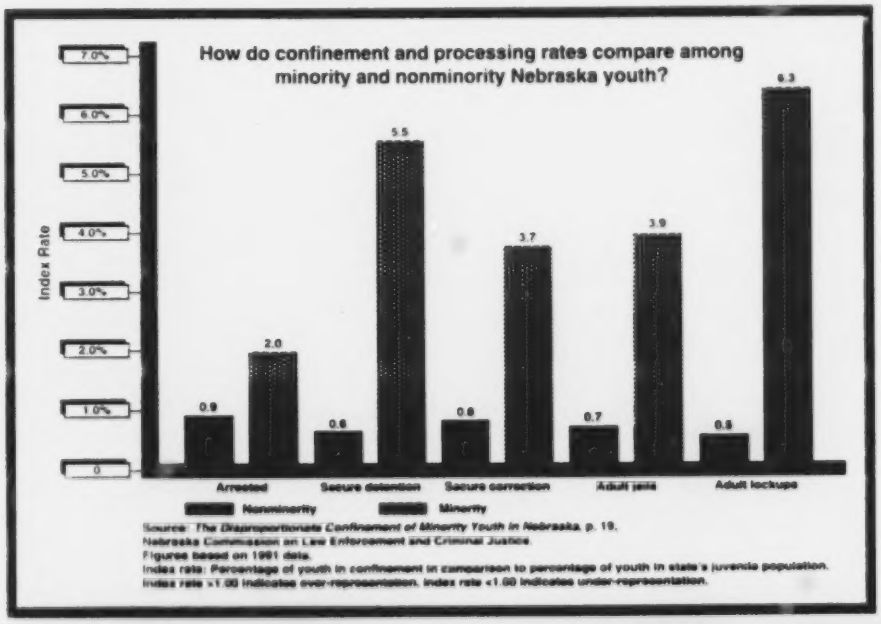
Ross, age 9 and his tracker Kyle. Trackers (adult mentors) are matched with juveniles on formal probation who are at risk of being placed outside their home and/or of reoffending.

Impact

Research consistently demonstrates that juvenile delinquents frequently had mental health problems prior to being incarcerated and demonstrated significantly higher rates of psychopathology than non-incarcerated youth. Youths jailed in adult facilities may be more likely to commit suicide than those held in juvenile detention facilities. The results of these studies point to the importance of assessing and treating offenders for more than just their behavior, especially those who are incarcerated."
(Armistead, 1992)

Policy

In 1994, state legislation created the Office of Juvenile Services. This office is responsible for overseeing all facilities used for juvenile incarceration. The Office of Juvenile Services must ensure that juveniles at rehabilitation or detention facilities have access to health care (including mental health care), treatment for alcohol/drug addiction, and an education. It must also arrange case management for incarcerated juveniles to assist their re-entry into society and must develop community-based juvenile services.
Neb. Rev. Stat. §83-925



"Instead of community and parents being naive about problems they should be asking 'could it be my child?'"

– Dewy Haley, Scottsbluff

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Behavioral and Mental Health

Policy

- **In 1990, Nebraska ranked 38th in the nation in per capita spending for mental health services.[27] (NASMHPD, 1993)**
- **Medicaid has been identified as the largest single source of funding for mental health services in the country and a significant source of funds for the care of the chronically mentally ill.[28] (U.S. Dept. HHS, 1981)**
- **In Nebraska, mental health expenses accounted for 11% of all Medicaid spending in 1994.[29] (NDSS, 1995)**

Impact

- **It has been estimated that between 14% and 22% of all youth appearing in the nation's juvenile justice system in 1989 suffered from a mental disorder.[30] (Otto, 1992)**
- **It has also been found that individuals with alcohol and/or substance abuse problems are more likely to have been abused as children than those who do not have such problems.[31] (Simpson, 1994)**

Nebraska Department of Public Institutions

The data contained in this report on behavioral health (i.e. mental health and substance abuse) – with the exception of public school information – are based on children and adolescents receiving services from community-based and residential programs funded by the Department of Public Institutions (DPI). Because the private sector is not included, these data represent undercounts of the total number of children and adolescents with behavioral health problems receiving specialized services in Nebraska. Nevertheless, these data provide a baseline from which trends can be identified in the future.

Community-Based Organizations

During the year ending June 30, 1994, there were 9,722 children who received specialized services through community-based organizations. 62% (6,073) received mental health services and 38% (3,649) received substance abuse services.

Outpatient programs appear to be the heaviest utilized community-based service with nearly 9 out of every 10 children (88%) receiving outpatient counseling for either mental health and/or substance abuse. Other publicly funded services offered through community-based organizations include: substance abuse prevention, partial care and halfway house services, mental health day treatment, emergency psychiatric services, and therapeutic group home services. Approximately 1 out of 4 children received behavioral health services outside their county of legal residence.

In terms of age, approximately 36% of the children were under the age of 13, 45% were between 13 and 17 years of age and 19% were between 18 and 19 years of age.

Among the 3,649 children receiving substance abuse services, half were treated for alcohol related problems, 4% for drug related problems, 26% for both alcohol and drug related problems, and 20% were receiving prevention counseling services or were receiving services as a collateral (i.e., as part of a family unit where a parent or sibling has a substance abuse problem).

Residential Care

In addition to community-based programs, the Department of Public Institutions also funds residential services through the Lincoln, Norfolk and Hastings Regional Centers. A total of 193 adolescents between 12 and 19 years of age received behavioral health services through Nebraska's three regional centers during the year ending June 30, 1994.

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COUNTY	1 POP. TOTAL	2 19 & UNDER	3 15-19	4 UNDER 5	5 <18 PCT POV	6 <5 PCT POV	7 ADC FAMILIES	8 PERCENT NON-WHITE	9 WITH DISABILITY	10 HEAD START	11 DIVORCE	12 DROPOUT	13 BIRTHRATE 13-17	14 WIC ELIGIBLE	15 WIC ENROLLMENT	16 ARRESTS
ADAMS	29625	8384	2111	2118	13	15	316	2	692	105	107	56	17.00	1011	771	158
ANTELOPE	7965	2582	525	656	23	29	40	1	123	20	20	3	*	503	179	3
ARTHUR	462	126	28	36	19	28	0	2	9	0	3	0	*	33	25	0
BANNER	852	270	61	66	29	36	6	4	13	0	3	0	*	50	8	0
BLAINE	675	203	53	41	39	51	4	1	8	0	0	1	*	32	29	0
BOONE	6667	2049	384	534	16	20	37	1	143	20	14	4	*	393	167	6
BOX BUTTE	13130	4515	917	1066	14	18	141	7	340	50	47	7	26.00	523	434	276
BOYD	2835	799	159	175	30	32	8	2	93	0	6	1	*	145	70	18
BROWN	3657	1046	236	256	23	33	17	1	73	16	20	7	*	197	128	10
BUFFALO	37447	11926	3831	2706	12	14	309	4	1076	81	203	78	20.00	1124	906	433
BURT	7868	2264	497	518	21	23	61	3	247	20	29	12	*	378	145	34
BUTLER	8601	2580	551	605	11	15	31	1	218	18	33	5	*	282	84	24
CASS	21318	6630	1447	1687	9	13	196	2	525	103	82	24	15.00	941	344	106
CEDAR	10131	3335	681	844	14	11	22	0	219	20	11	1	*	445	187	5
CHASE	4381	1345	272	329	15	19	14	1	151	0	22	6	*	248	69	20
CHERRY	6307	1894	377	515	34	47	35	4	111	38	22	12	*	466	209	36
CHEYENNE	9494	2828	607	691	13	21	76	4	198	35	51	24	16.00	390	135	88
CLAY	7123	2102	497	473	13	13	53	1	296	20	16	6	*	266	106	8
COLFAX	9139	2714	534	704	11	15	49	2	261	20	52	23	*	337	244	163
CUMING	10117	3030	662	728	11	10	49	1	246	17	29	9	*	398	219	30
CUSTER	12270	3549	778	841	17	21	96	2	232	18	56	9	*	456	322	28
DAKOTA	16742	5507	1190	1433	15	19	188	10	469	60	84	31	19.00	733	692	172
DAWES	9021	2872	978	597	24	36	144	10	249	60	19	164	*	408	300	78
DAWSON	19940	6034	1378	1406	13	20	226	3	607	69	124	114	23.00	931	1131	381
DEUEL	2237	633	140	137	17	31	12	3	43	14	15	0	*	131	26	1
DIXON	6143	1854	416	458	17	18	20	0	95	0	31	8	*	282	107	20
DODGE	34500	10028	2432	2376	11	14	305	2	947	125	158	47	12.00	1202	993	261
DOUGLAS	416444	123626	28498	33314	15	20	7387	19	10160	904	1792	1622	22.00	14788	11090	4966
DUNDY	2582	702	165	130	10	5	8	1	62	0	4	4	*	55	51	14
FILLMORE	7103	2009	470	487	9	9	30	2	170	18	25	6	*	213	144	1
FRANKLIN	3938	988	226	258	14	5	18	1	93	0	5	2	*	138	64	5
FRONTIER	3101	941	212	196	23	22	13	2	119	0	12	0	*	165	49	9
FURNAS	5553	1413	322	287	15	21	22	2	152	0	16	3	*	188	113	8
GAGE	22794	6118	1426	1520	18	23	197	2	497	58	110	52	18.00	828	364	261
GARDEN	2460	617	119	159	24	22	11	0	37	15	12	1	*	88	61	12
GARFIELD	2141	586	150	135	23	16	10	1	67	17	2	1	*	94	39	0
GOSPER	1928	506	118	104	11	17	2	0	40	0	9	1	*	71	27	13
GRANT	769	235	41	64	16	23	7	2	19	0	0	1	*	41	25	0
GREELEY	3006	966	195	209	15	19	13	0	99	18	2	176	*	132	83	4
HALL	48925	15113	3442	3819	14	19	628	5	1370	153	278	0	24.00	1854	1674	1334
HAMILTON	8862	2751	564	678	11	11	36	1	204	20	61	9	*	305	176	64
HARLAN	3810	992	195	244	15	19	15	0	49	0	18	0	*	163	40	23
HAYES	1222	354	79	91	24	42	3	0	16	0	0	2	*	69	12	14

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HITCHCOCK	3750	1150	259	252	20	16	17	1	78	0	6	4	*	154	81	0
HOLT	12599	4061	786	1057	17	22	58	1	257	47	72	10	*	665	416	55
HOOKER	793	206	41	49	13	8	3	0	31	0	4	0	*	23	25	1
HOWARD	6055	1853	432	431	16	20	28	1	223	20	27	6	*	247	138	19
JEFFERSON	8759	2321	523	567	10	8	50	1	274	20	60	10	*	273	126	76
JOHNSON	4673	1222	264	267	15	15	17	5	153	0	16	3	*	139	45	6
KEARNEY	6629	1926	431	506	15	21	21	1	173	35	40	2	*	293	87	19
KEITH	8584	2583	575	603	12	13	34	3	255	18	32	11	21.00	360	198	148
KEYA PAHA	1029	282	65	50	35	34	3	0	17	0	4	0	*	47	32	3
KIMBALL	4108	1158	233	283	14	12	24	1	77	17	28	4	*	157	62	42
KNOX	9534	2665	577	607	27	27	69	9	254	20	36	7	*	395	254	29
LANCASTER	213641	60628	16930	15194	10	14	1922	7	4794	329	1044	721	14.00	5420	4787	3825
LINCOLN	32508	10263	2402	2360	17	23	408	5	925	36	193	115	8.00	1221	948	744
LOGAN	878	311	59	71	18	20	3	1	25	0	2	2	*	47	11	0
LOUP	683	197	37	49	13	0	1	1	17	0	0	0	*	35	11	0
MADISON	546	164	34	40	10	10	270	3	740	50	0	109	12.00	1090	910	0
MC PHERSON	32655	10277	2242	2667	58	43	0	0	9	0	194	0	*	30	10	347
MERRICK	8042	2411	561	576	15	18	28	1	238	20	31	11	*	398	221	45
MORRILL	5423	1619	361	401	20	26	49	6	103	26	18	5	*	244	108	24
NANCE	4275	1296	252	335	16	22	15	1	119	17	10	0	*	204	104	23
NEMAHA	7980	2298	646	511	12	18	63	2	137	34	27	1	*	264	99	4
NUCKOLLS	5786	1587	331	343	18	26	25	0	156	20	35	6	*	212	93	7
OTOE	14252	4053	932	951	14	19	90	1	401	34	72	37	20.00	483	208	81
PAWNEE	3317	820	168	213	16	17	11	1	90	0	7	2	*	157	53	3
PERKINS	3367	1060	226	226	21	15	3	3	73	0	14	0	*	96	42	5
PHELPS	9715	2860	623	705	13	21	39	1	348	15	17	11	*	347	166	65
PIERCE	7827	2450	458	619	12	14	34	1	153	0	21	12	*	338	115	28
PLATTE	29820	9969	2044	2579	12	12	212	1	760	57	168	48	8.00	1191	565	207
POLK	5675	1613	360	344	11	9	21	2	155	10	21	8	*	131	65	2
RED WILLOW	11705	3572	872	838	17	20	88	2	367	18	60	32	*	493	279	121
RICHARDSON	9937	2669	603	695	13	19	88	3	231	62	44	17	*	431	213	44
ROCK	2019	629	149	144	22	35	5	0	52	0	12	1	*	110	55	2
SALINE	12715	3697	1030	827	12	13	58	2	318	20	60	18	*	290	213	142
SARPY	102583	35995	7833	9550	6	7	456	10	2012	91	561	108	8.00	3341	1531	1377
SAUNDERS	18285	5591	1188	1365	12	14	92	1	449	44	99	17	*	765	254	95
SCOTTS BLUFF	36025	11063	2664	2540	22	32	775	13	876	227	223	140	*	1879	1063	420
SEWARD	15450	4899	1385	1069	12	14	65	1	434	20	78	15	*	453	184	74
SHERIDAN	6750	2012	449	405	26	33	91	12	166	40	45	13	*	335	213	93
SHERMAN	3718	1129	285	242	20	19	12	1	106	20	16	2	*	193	117	23
SIOUX	1549	440	97	100	27	26	3	7	17	0	1	0	*	96	3	11
STANTON	6244	2198	454	572	16	22	19	2	49	20	33	3	*	356	93	55
THAYER	6635	1750	395	382	17	27	30	1	128	20	18	2	*	303	84	20
THOMAS	851	284	68	52	29	38	7	1	18	0	4	0	*	38	13	1
THURSTON	6936	2610	467	756	42	49	302	59	403	20	21	66	32.00	664	610	3
VALLEY	5169	1434	324	322	13	23	21	2	95	20	19	3	*	251	143	18
WASHINGTON	16607	5087	1295	1063	5	9	58	1	421	0	56	24	*	453	227	78
WAYNE	9364	3038	1123	642	15	17	48	1	173	20	27	6	*	326	134	33
WEBSTER	4279	1092	252	263	15	17	16	1	113	15	16	1	*	140	62	17
WHEELER	948	324	58	89	19	29	3	1	14	0	0	0	*	55	18	5
YORK	14428	4418	1053	1143	7	11	72	2	367	30	70	16	*	431	281	216
STATE TOTAL	1578385	476250	112869	119606	14	17	16639	9	38682	3644	7265	4161	15.00	57561	37812	17724

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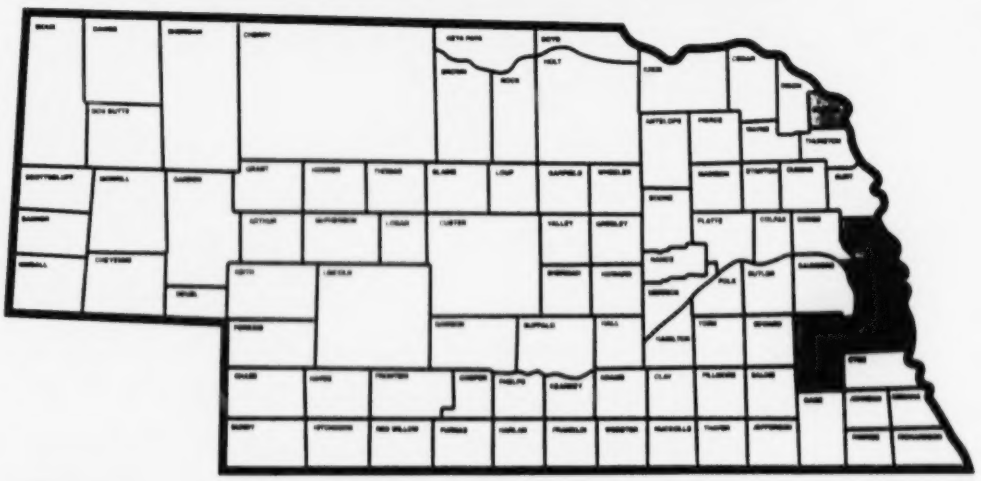
County Data Notes

1. Total number of person in state, by county. Source: U.S. Census 1990.
2. Number of children 19 and under. Source: U.S. Census 1990.
3. Number of children ages 15-19 (15, 16, 17, 18, 19) Source: U.S. Census 1990.
4. Number of children 4 and under. Source: U.S. Census 1990.
5. Percent of children 17 and under living below the poverty line during 1989 (children for whom poverty status was determined.) Source: U.S. Census 1990.
6. Percent of children 4 and under living below the poverty line during 1989 (children for whom poverty status was determined.) Source: U.S. Census 1990.
7. Average Monthly ADC Cases. For State Fiscal Year 1994. Excludes cases living out of state. Source: 1994 Annual Report, Nebraska Department of Social Services.
8. Percent of non-white children (19 and under.) 1990 Census.
9. Total Nebraska children verified with disabilities birth to age 21 is 38,763. The county data does not reflect 81 children not associated with a county of residence. Source: Nebraska Department of Education, 1995.
10. Number of children participating in Head Start. Counties in which children were served. Source: Administration for Families and Children. Funding through Region VII only 200 Children in Scottsbluff County were served though the Migrant Program. 30 Children were served in the Santee Sioux program in the 1993/4 school year. 62 Children were served in the Winnebago Head Start Program Data were unavailable for the number of children participating in the Macy Head Start during the 1993/94 school year.
11. Number of children 17 and under involved in divorces, calendar year 1994. Source: Nebraska Department of Health.
12. Number of dropouts by county, 7-12 graders, in school year 1993/1994. Source: Nebraska Department of Education, 1995.
13. Birthrate per 1,000 to girls 13-17, 1994. Source: Nebraska Department of Health, Data Collection Section.
14. WIC eligible data gathered from the 1990 U.S. Census. Source: United States Department of Agriculture. The Estimates of Persons Income Eligible for the Special Supplemental Food Program for Women Infants and Children (WIC)
15. WIC enrolled. Data for month of April 1995. **Includes children served by Nebraska Indian Inter-Tribal Development Corporation. Source: Nebraska Department of Health, and NIITDC. (For 94 persons, county of residence was unknown.)
16. Arrests of juveniles under 18 years of age, 1994. Source: Nebraska Commission on Law Enforcement and Criminal Justice.

** For reasons of confidentiality, if there were fewer than five events (i.e., births) for any given county, rates were not calculated.*

Nebraska's Metropolitan and Nonmetropolitan Counties



Metropolitan **Nonmetropolitan**

Methodology, Data Sources and Definitions

GENERAL

Data Sources - Sources for all data are listed below by issue. In general, data was obtained from the state agency with primary responsibility, and from reports of the Bureau of the Census, U.S. Department of Commerce. With respect to Census data, the report utilizes data reported in the 1980 U.S. Census (based on 1979 information), and 1990 U.S. Census (based on 1989 information), the annual March Current Population Survey (CPS), and the Public Use Microdata Sample (PUMS). Specific sources will be cited.

Estimated Population Data for 1994 Reported as 1993 - Data were taken from the March 1992, 1993 and 1994 Current Population Surveys. The three years of data were averaged and reported as 1993 data, the mid-year of the three years. Given the available sample size, a three-year average of the annual data provides a more reliable estimate.

Metropolitan Counties - Cass, Dakota, Douglas, Lancaster, Sarpy, and Washington. (Based on U.S. Census Bureau definitions.)

Nonmetropolitan Counties - All other Nebraska counties. (Based on U.S. Census Bureau definitions.)

Race - Race/Hispanic identification – Throughout this report, race is reported based on definitions utilized by the U.S. Census Bureau. The census requests adult household members to specify the race for each household member including children. The racial categories provided are: White, Black or Negro, Indian (American), Eskimo, Aleut, Asian or Pacific Islander, or Other. These racial categories are mutually exclusive; all persons are expected to respond with a single category. The Census treats Hispanic origin as a separate category.

Rate - Where appropriate, rates are reported for various indicators. A rate is the measure of the likelihood of an event/case found in each 1,000 or 100,000 "eligible" persons. (The child poverty rate reflects the number of children living below the poverty line as a percentage of the total child population.)

Selected Indicators for 1995 Report - The indicators of child well-being selected for presentation in this report reflect the availability of state data, the opinion and expertise of the Kids Count in Nebraska project consultants and advisors, and national Kids Count indicators.

INDICATORS OF CHILD WELL-BEING

Behavioral and Mental Health

Data Sources: Data pertaining to children receiving care in public community and residential treatment facilities were provided by the Nebraska Department of Institutions.

Child Abuse and Neglect

Data Sources: Data were provided by Foster Care Review Board and the Nebraska Department of Social Services.

Neglect - Can include emotional , medical, or physical neglect, or a failure to thrive.

Substantiated Case - A case has been reviewed and an official office or court has determined that credible evidence of child abuse and or neglect exits. Cases are reviewed by the Nebraska Department of Social Services and/or an appropriate court of law.

Agency substantiated case - The Nebraska Department of Social Services determines a case to be substantiated when NDSS finds indication, by a "preponderance of the evidence," that abuse and/or neglect occurred. This evidence standard means that the event is more likely to have occurred than not occurred.

Court substantiated case - A court of competent jurisdiction finds, through an adjudicatory hearing, that child maltreatment occurred. The order of the court must be included in the case record.

Early Care and Education

Data Sources: Parents in the workforce data were taken from the U.S. Census of Population, 1990. Data concerning child care were provided by the Nebraska Department of Social Services. Data concerning Head Start were provided by the Administration for Children and Families, U.S. Department of Health and Human Services, Office of Family Supportive Services, Head Start and Youth Branch.

Child care subsidy - The Nebraska Department of Social Services provides full and partial child care subsidies utilizing federal and state dollars. Eligible families include those receiving Aid to Families with Dependent Children and families below 110% of poverty. Most subsidies are paid directly to a child care provider, while some are provided to families as vouchers.

Licensed child care - State statute requires the Nebraska Department of Social Services to license all child care providers who care for four or more children from different families at any one time for compensation. A license may be provisional, probationary or operating. A provisional license is issued to all applicants for the first year of operation.

Center based care - Child care centers which provide care to 13 or more children from a number of families. State license is required.

Family Child Care Home I - Provider of child care in a home to children (4-8) from different families at any one time. The licensure procedure begins with a self-certification process. Can be approved or licensed.

Family Child Care Home II - Group child care home serving 12 or fewer children at any one time. State license is required.

Head Start - The Head Start program includes health, nutrition, social services, parent involvement, and transportation services. This report focuses on the largest set of services provided by Head Start - early childhood education.

Economic Well Being

Data Sources: Data related to Aid to Dependent Children and recipients of food stamps were provided by the Nebraska Department of Social Services. Data concerning divorce and involved children were taken from Vital Statistics provided by the Nebraska Department of Health and the Nebraska Inter-Tribal Development Corporation. Data concerning the WIC program were provided by the Nebraska Department of Health. Data enumerating the number of children in low income families were taken from the 1980 and 1990 Census of the Population and from the Current Population Surveys of 1990-1994.

Education

Data Sources: Data on High School completion, secondary school drop-outs and children with verified disabilities were provided by the Nebraska Department of Education.

Behavioral Disorder - An inability to learn which cannot be explained by intellectual, sensory or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children with schizophrenia. The term does not include children with social maladjustments unless determined to have behavioral disorders.

Dropouts: A dropout is an individual who: A) was enrolled in school at some time during the previous school year, B) was not enrolled at the beginning of the current school year, C) has not graduated from high school or completed a state or district-approved educational program, or D) does not meet any of the following exclusionary conditions; 1)

transfer to another public school district, private school, or state or district-approved education program, 2) temporary absence due to suspension or school-approved illness, or, 3) death.

High school completions - The high school completion rate is a comparison of the number of the children starting high school and the number graduating four years later. This comparison does not account for transfers in and out, deaths, or temporary absences.

Short term suspension - A principal may deny any student the right to attend school or to take part in any school function for a period of up to five school days on the following grounds: A) conduct constituting grounds for expulsion as set out in the Student Discipline Act, or B) any other violation of rules and standards of behavior adopted under the Student Discipline Act.

Long term suspension - The exclusion of a student from attendance in all schools within the system for a period exceeding five school days but less than twenty school days. Grounds for long-term suspension, expulsion or mandatory reassignment include but are not limited to use of violence, damage to property, personal injury to a school employee or a student, threatening a student, possessing, handling or transmitting any object or material that is ordinarily considered a weapon, possession, selling, dispensing or use of a controlled substance, engaging in any other activity forbidden by the laws of Nebraska or, repeated violation of any rules and standards.

Expulsion - Exclusion from attendance in all schools within the system in accordance with section 79-4, 196. Expulsion is generally for one semester unless the misconduct involved a weapon or intentional personal injury, for which it may be for two semesters.

Mandatory reassignment - The involuntary transfer of a student to another school in connection with any disciplinary action.

Special education - Specially designed instruction, including classroom, home instruction and instruction in hospitals and institutions, at no additional cost to the parent to meet the unique needs of a child with a verified disability. The term can include speech pathology, occupational therapy, physical therapy, etc.

Health

Data Sources: Data for Medicaid participants were provided by the Nebraska Department of Social Services. Data related to birth, death and prenatal care were taken from Vital Statistics for Nebraska (birth and death certificates), provided by the Nebraska Department of Health Data Collection Section. Data enumerating motor vehicle accident related injuries were provided by the Nebraska Department of Roads.

Prenatal Care - The number and onset of prenatal care visits are reported by the mother and recorded on birth certificates.

Low Birth Weight - An infant weighing less than 2,500 grams or approximately 5.5 pounds at birth.

Housing

Data Sources: Data concerning the cost of housing and the persons per room were estimated from the 1990 U.S. Census Public Use Microdata Samples (PUMS).* Data relating to the number of homeless children were provided by the Nebraska Department of Education, 1992 Report of School-Age Homeless Children and Youth, and a survey of Nebraska homeless shelters conducted by Hanna: Keelan Associates in 1995 for the Nebraska Department of Economic Development and the Nebraska Department of Social Services.
*Note: Housing Data reported in the *1994 Kids Count in Nebraska* is for all households. The 1995 document reports data only for households with children.

Domestic Violence Shelter - shelters (public or private) for women and children whose health/safety are threatened by domestic violence.

Homeless Shelter - Shelter open to all who need shelter. Age and gender restrictions may vary between shelters.

Homelessness - The Department of Education defines homeless children in two ways, sheltered and nonsheltered. Sheltered include those children who do not have access to a conventional dwelling and who would be homeless by any conceivable definition of the term. The non-sheltered homeless children include those living on the street, in campers, tents, cars, staying temporally with friends or relatives, or in substandard dwellings and transitional housing.

Hanna:Keelan Associates define homeless as a person or family who lack fixed, regular and adequate nighttime residence and who has a primary nighttime residence that is supervised publicly or privately.

Near homeless means person/family residing in fixed residences where the safety or health of the person is endangered, where the person or family is at risk of eviction, where the number of persons living in the home violates any existing housing ordinances regarding overcrowding or who is in a short term treatment program.

Cost - The U.S. Department of Housing and Urban Development (HUD) has developed standards by which housing costs can be measured. The economic standard is 35% percent of a family's gross income spent for housing costs, which include utilities, fuels, insurance and taxes (for home owners).

Overcrowding - The U.S. Department of Housing and Urban Development (HUD) measures overcrowding based on the number of persons per finished room (not including bathrooms) in a dwelling. The number of persons is divided by the number of rooms to compare to a technical standard of no more than 1.01 persons per room.

Juvenile Justice

Data Sources: Data concerning total arrests were provided by the Nebraska Commission on Law Enforcement and Criminal Justices, for all persons (juveniles under age 19). Data concerning the number of juveniles in detention centers were provided by the Nebraska Department of Correctional Services, Office of Juvenile Services.

Arrest, Part I offenses - There are two categories of serious crimes: violent crimes and crimes against property. Violent crimes include the following: murder/ manslaughter, death by negligence, forcible rape, robbery, felony assault. Crimes against property include: burglary, larceny-theft, motor vehicle theft and arson.

Arrest, Part II offenses - The following crimes are included: misdemeanor assault, forgery and counterfeiting, fraud, embezzlement, stolen property, vandalism, weapons offenses, prostitution and commercialized vice, sex offenses, drug offenses, gambling, offenses against family, driving under the influence, liquor offenses, disorderly conduct, vagrancy, curfew and loitering law violations and runaways.

Juvenile Detention - Juvenile detention is the temporary and safe custody of juveniles who are accused of conduct subject to the jurisdiction of the Court, requiring a restricted environment for their own or the communities protection, while pending legal action.

Youth Rehabilitation and Treatment Center (YRTC) - A long term staff secure facility designed to provide a safe and secure environment for Court adjudicated delinquent youth. A YRTC is designed to provide services and programming that will aid in the development of each youth with a goal of successfully reintegrating the youth back into the community.

Out of Home Care

Data Sources: Data provided by the Nebraska Department of Social Services and the Foster Care Review Board.

Approved foster care homes - The Nebraska Department of Social Services approves homes for one or more children from a single family. Approved homes are not reviewed for licensure. Data on approved homes has been maintained by the Nebraska Department of Social Services since 1992.

Licensed foster care homes - Must meet the requirements of the Nebraska Department of Social Services. Licenses are reviewed for renewal every two years.

Out-of-home care - 24 hour substitute care for children and youth. Out of home care is temporary care until the child/youth can be returned to their family, placed in an adoptive home, receive a legal guardian or reach the age of majority. Out-of-home care includes the care provided by relatives, foster homes, group homes, institutional settings and independent living.

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Kids Count Team Members

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Zachary, age 5.

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